THE TRANSFER OF SCOTTISH PRISONERS

A historical and descriptive study of convicted prisoners transferred to psychiatric hospitals.

J A BAIRD

Thesis for the degree of MD submitted to the University of Edinburgh 1984.

"Where the law condemns a man to jail and is silent to his treatment there, it intends merely that he should be amerced of his freedom and not that he be subjected to any useless severities. This is the whole of his sentence and ought to be the whole of his suffering ....."

Sir Thomas Foxwell Buxton 1818 (from Walker, N (1965) Crime and Punishment in Britain, University Press, Edinburgh).

"The thing to do is to tell the difference between the mad bad and the bad mad".

A Senior Nurse Officer, Scottish Prison Service, 1983.

"____'s trouble is that he listens too much to what other folk say to him. He lets it get him doon. He canne cope wi' it".

An inmate of a Scottish prison describing a fellow inmate who had been transferred to a psychiatric hospital during a sentence, 1983.

"I decided to work my ticket and act daft. I got the idea from the Yorkshire Ripper".

A prisoner speaking while on transfer to the State Hospital, 1982.

CONTENTS

I confirm that this thesis is my own work and has been composed by myself.

I have consulted all the books and papers to which reference is made.

GENERAL INTRODUCTION

The author's interest was first attracted towards prison transfers when he became aware that they offered a special flexibility if compared with all other admissions of serious offenders to a secure psychiatric hospital at the time of trial. Transfers seemed to present advantages not only for the psychiatric services but also for the offender, for the community and for the prison service.

To elaborate, serious offenders admitted to a secure hospital from court on account of mental disorder often display an assortment of features. In addition to their mental disorder they may be psychopathic, alcoholic, sexually deviant or of limited intellect or they may possess several of these traits. Even if their mental disorder settles quickly in hospital or they are found in hospital not to be suffering from any mental disorder, the whole of their behaviour pattern is the responsibility of the psychiatric services and the public expectation is that previous undesired behaviour will not occur again. This applies to all behaviour and not merely behaviour consequent upon mental disorder.

There is no opportunity for any revision of circumstances in the light of developments and the individual must stay within the psychiatric services with the result that these services may be burdened with an individual who is mentally well and he himself is burdened with the record of having been detained in a psychiatric hospital irrespective of how inappropriate that placement might have been. The author is aware of certain cases where very considerable and widespread problems were caused as a result of this sequence.

The anomaly of all this will soon be highlighted even further since we

in Scotland, are at the time of writing, awaiting the enactment of new mental health legislation which will give all detained psychiatric patients including serious offenders the right to appeal to a Sheriff. It is understood that the test of an appeal will be the presence or absence of mental disorder and thus a serious offender who was not showing evidence of mental disorder a short time after being sent to hospital from court could be released to the community in the event of his appeal being successful. It remains to be seen how the courts and the public will respond to this new eventuality.

Serious offenders who are transferred to hospital during a sentence, however, may be treated in hospital only for as long as their mental disorder requires and thereafter, provided their sentence is still current, they can be returned to prison. They too have a right of appeal against detention in hospital but if successful their appeal results only in their return to prison. Psychiatric services are thus only responsible for the aspects of an offender which are indeed psychiatric - the mental disorder and any other behavioural pattern which is associated with his criminality will be dealt with by the system intended by the court and the community for that purpose - the penal system.

It was awareness of these important advantages and a desire to explore the area further which lead to this whole study being planned.

For almost as long as mental health legislation has existed, it has been possible to transfer a convicted prisoner from prison to a psychiatric hospital. However, no comprehensive survey of this group of psychiatric admissions has ever been published either in Scotland or in the south. Thus even on purely heuristic grounds there would be

justification in this study but when the important features of transfers are taken into account then a study would seem long overdue.

The study begins with a chronological record of the evolution of that legislation, since it is by means of mental health legislation that convicted prisoners are able to be transferred during their sentence, to a psychiatric hospital. It has probably always been the case that many of the prisoners who require inpatient care for mental disorder are serving sentences for serious offences and thus transferred prisoners are often not suitable for treatment in an ordinary psychiatric hospital without secure facilities. Hence the development of this secure accommodation in Scotland and the legislation relating to it is discussed. During the preparation of this historical section it was found that very few descriptions existed of the clinical aspects of the evolution of secure psychiatric facilities in Scotland. It was decided, therefore, to give a general account of the history of secure facilities and not merely to confine attention to matters relating to transferred prisoners. This historical account concludes with a selection of illustrations of those buildings which were described and which are still in existence albeit that they are now serving a different purpose. It was found during this historical study, that since written accounts are so few some information was only available in the memory of staff who had personal experience of the services. This material would soon have been lost for ever if not recorded.

The second half of the study examines current practice and clinical aspects. There are 2 groups. First, all convicted prisoners admitted to Scottish psychiatric hospital during an 11 year period

are described from information obtained from records and documentation. Second, all convicted prisoners admitted on transfer to the State Hospital, Carstairs during a 3 year period were interviewed and are described.

The text ends with general conclusions from the survey as a whole.

HISTORICAL SURVEY OF THE LEGISLATION

The section records the various statutes in terms of which convicted prisoners might be transferred to hospital during sentence in order that they might receive compulsory psychiatric treatment as well as other legislation which is important to the historical survey. It is not easy to gain a practical understanding of these sometimes obscure and obsolete provisions since even when copies of the acts are read this only records the letter of the law while the spirit is absent. Such additional information as was available is discussed in the historical survey which follows this section. As this section summarises only the law as it is written it may convey as distorted an impression of the practical use of the legislation as would be obtained by a reader at the end of the next century trying to gain an impression of the present use of compulsory powers from reading the Mental Health (Scotland) Act 1960. An example would be that the recent controversy surrounding the use of serial emergency (Section 31) certificates would not emerge.

1839

'An Act to improve Prisons and Prison Disciplines'

2 & 3 Victoria Ch. 42

This lengthy act deals with many practical aspects of prisons and sets many rules for the new General Prison at Perth.

In Section 30, there is provision for insane prisoners found insane at the time of trial or at the time of the offence but no mention of convicted prisoners who are found subsequently to be insane.

1844

'An Act to amend ... the law, with respect of Prisons and Prison Disciplines in Scotland'

7 & 8 Victoria Ch. 34

In Section 12, the provision of the previous Act, quoted above were extended to include any insane or lunatic prisoner and for them to be able to be removed to the General Prison. The Section states, "If the insanity or lunacy of every such prisoner has not been previously ascertained in a Court of Law it shall be certified by the certificates on soul and conscience of 2 or more medical men being physicians or surgeons who have personally visited and carefully examined the prisoner". This clearly refers to prisoners whose mental disorder had appeared after being dealt with by the Court. Transfer to the General Prison could mean transfer to the lunatic hospital which at this time was being established within the prison.

1857

'Lunacy (Scotland) Act'

20 & 21 Victoria Ch. 71

Section 89 states "If any person, while imprisoned in any Prison or other Place of Confinement under any Sentence of Death, Transportation, Penal Servitude, or Imprisonment, or under Charge of any Crime or Offence, or under any Civil Process, shall appear to be insane, it shall be lawful for the Sheriff of the County where such Person is imprisoned to inquire, with the aid of 2 Medical Persons, as to the insanity of such Prisoner; and if it shall be certified by such Medical Persons that such Prisoner is insane, it shall be lawful for one of Her Majesty's Secretaries of State, upon Receipt of such

Certificate, to direct, by Warrant under his Hand, that such Person shall be removed to such Asylum as the said Secretary of State may judge proper and appoint; and every Prisoner so removed under this Act, and every Person removed previous to the Date of this Act, from Prison to an Asylum, by reason of his Insanity, shall remain in Confinement in such Asylum until it shall be duly certified to One of Her Majesty's Principal Secretaries of State, by Two Medical Persons, that such Person has become of sound Mind, whereupon the said Secretary of State is hereby authorised, if such Person shall remain subject to be continued in Custody, to issue his Warrant to the Superintendent of such Asylum, directing that such Person shall be removed back from thence to the Prison or other Place of Confinement from whence he shall have been taken, or, if the Period of Imprisonment of such Person shall have expired, that he shall be discharged".

This deals with the transfer of prisoners and for their disposal should they recover at a later date but humanitarian considerations are not fully addressed as by this legislation a finite period of detention can become indefinite without any extra examination at the time when the detention would have ceased.

1862

Lunacy (Scotland) Act

25 & 26 Victoria Ch. 54

Section 19 states, "If at any Time within Sixty days of the Expiration of the sentence of any Convict or other Prisoner confined in the General Prison at Perth, it is certified, on Soul and Conscience, by Two or more Medical Persons, that they have personally visited and carefully examined the Prisoner within the said Sixty Days and that he

is in their Opinion insane, and that his Insanity is of a kind which renders it advisable that he should be detained in the Lunatic Department of the said General Prison rather than in a Lunatic Asylum it shall be lawful for One of Her Majesty's Principal Secretaries of State, by a Writing under his Hand, to authorize such Prisoner to be detained in the said General Prison after the Expiration of his Sentence, and such Prisoner may thereupon be detained accordingly; provided that it shall at any Time thereafter be lawful for Her Majesty to give such Order for the safe Custody of such Prisoner during Her Majesty's Pleasure in such Place and in such Manner as to Her Majesty shall deem fit".

This enables the transfer of prisoners to the Lunatic Department in the General Prison who are manifesting mental disorder near the time when they would have been released and permits their continued detention provided an examination at that time shows it to be necessary. The rights of the individual prisoner, however, remained rather neglected.

1871

'The Criminal and Dangerous Lunatics (Scotland) Amendment Act'

34 & 35 Victoria Ch. 55

Section 6 states, "When in relation to any person confined in a local prison in terms of the "Prisons (Scotland) Administration Act 1860", it is certified, on soul and conscience, by two medical persons that they have visited and examined such prisoner, and that in their opinion he is insane, it shall be lawful for the sheriff, on summary application at the instance of the administrators of such prison, by a warrant under his hand, to order such prisoner to be removed to a lunatic asylum; and if the asylum named in such warrant be a district

asylum or a chartered or licensed asylum in which pauper lunatics are maintained in terms of any contract for such maintenance, the managers or other administrators thereof shall, unless it be certified by Her Majesty's Commissioners in Lunacy that there is not sufficient accommodation at their disposal, be bound to provide for the reception of such prisoners, and for his detention and maintenance for the period during which he would have been liable to detention in such prison had he not been so removed; and the amount to be paid for the removal of such prisoner to an asylum, and for detention therein, shall be charged against the assessment for current expenses under the administration of the Prison Board of the county in which the offence wherewith such prisoner is charged was committed, and in case of dispute the amount of such payment shall be fixed by Her Majesty's Commissioners in Lunacy; Provided that in the case of chartered asylums or licensed private asylums the consent of the managers or other administrators thereof, both as to the reception of any such person and as to the rate of board, shall be previously had and obtained, without prejudice always to existing contracts".

This attempts to exert some pressure on local asylums to accept transferred prisoners if the Sheriff so directs. The Commissioners in Lunacy were a central body who were the predecessors of the General Board of Control, and it is interesting that they were given the final arbitration if there was any dispute as to the amount of maintenance which the Prison Board had to pay to the managers of the asylum to which a prisoner was transferred. Although the managers of the asylum were stated to be 'bound' to provide for the reception of the prisoner if they had sufficient accommodation, there was no mention if sanctions could be imposed if they refused.

1877

'Prisons (Scotland) Act'

40 & 41 Victoria ch. 53

Section 52 states, "The governor shall without delay report to the visiting committee any case of insanity or apparent insanity occurring among the prisoners".

1913

'Mental Deficiency and Lunacy (Scotland) Act'

3 & 4 George V Ch. 38

The relevant sections of this act are given in full.

Section 1

"The following classes of persons who are mentally defective shall be deemed to be defective within the meaning of this Act:-

(a) Idiots; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers;

(b) Imbeciles; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so;

(c) Feeble-minded persons; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the

protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools;

(d) Moral imbeciles; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrant effect."

Although this is not a section directly relating to transfer it indicates the appearance of the moral defective as a specific category of mental deficiency which could be grounds for transfer and the definition of moral defective even though it includes the necessity for 'some permanent mental defect' could be used to include individuals manifesting severe and long standing behavioural problems.

Section 3

"A person who is a defective shall be subject to be dealt with under this Act in accordance with the provisions thereof hereinafter contained -

(c) if in addition to being a defective he is a person -

(iii) who is undergoing a sentence of imprisonment (except imprisonment under civil process), or penal servitude, or is undergoing detention in a place of detention by order of a court, or in a reformatory or industrial school, or in an inebriate reformatory or who is detained in an asylum or other lawful place of detention for lunatics or a

criminal lunatic asylum or criminal lunatic department of a prison;"

Section 10

Where the Secretary for Scotland is satisfied from the certificate of two duly qualified medical practitioners that any person who is undergoing a sentence of imprisonment (except imprisonment under civil process) or penal servitude, or is undergoing detention in a place of detention by order of a court, or in a reformatory or industrial school or in an inebriate reformatory, or who is detained in a criminal lunatic asylum, or the criminal lunatic department of a prison, is a defective, the Secretary for Scotland may order that he be transferred therefrom and sent to an institution for defectives, or that he be placed under guardianship, and any order so made shall have the like effect as a judicial order under this Act.

All this not only permitted defectives to be transferred from prison to an institution for defectives but deemed the Criminal Lunatic Department to be unsuitable to accommodate them. It was from this that the need for the State Institution for Defectives arose and this was confirmed in Section 28 -

(1) The Secretary for Scotland may grant authority to establish and maintain an institution or institution for defectives of dangerous or violent propensities (in this Act referred to as State institutions), and for that purpose may appropriate the whole or any part of any building vested in the Prison Commissioners for Scotland (hereinafter referred to as the Prison Commissioners) or may, with the approval of the

Treasury, authorise the Prison Commissioners to acquire any land or to erect or acquire any building.

(2) The management of a State institution for defectives shall be vested in the Prison Commissioners and two of the paid Commissioners of the Board as a Joint Board, subject to regulations made by the Secretary for Scotland, and for the purposes of this Act the Joint Board shall be deemed to be the managers."

1935

'Criminal Lunatics (Scotland) Act'

25 & 26 George V Ch. 32

Section 1

(1) It shall be lawful for the Secretary of State, with the sanction of the Treasury, to authorise the Prisons Department for Scotland (hereinafter referred to as the Department) to establish, maintain and manage a criminal lunatic asylum in Scotland, and for that purpose to acquire land and to provide and equip buildings.

(2) The Criminal lunatic asylum in pursuance of this Act (hereinafter referred to as the criminal lunatic asylum) shall be deemed not to be an asylum within the meaning of the Lunacy (Scotland) Acts, 1857 to 1919.

This prepared the way for a new Criminal Lunatic Department but managed by the Prisons Department.

Section 4

(1) It shall be lawful for the Department to order the removal to and detention in the criminal lunatic asylum of any person undergoing

sentence of penal servitude, preventative detention or imprisonment (not being imprisonment under civil process) in whose case it is certified by two duly qualified medical practitioners that he is insane and that it is advisable that he should be detained in the criminal lunatic asylum rather than in any other asylum, and such person may thereupon be removed and detained accordingly until the expiry of his sentence: Provided that -

(i) the Department shall, on application made by or on behalf of any person in whose case such an order as aforesaid has been made, afford an opportunity to a medical practitioner employed by such person or on his behalf to examine him not later than thirty days after the date of the order, and the Secretary of State shall consider any report by such medical practitioner which may be submitted to him, and shall take such action as may seem to him necessary in all the circumstances of the case;

(ii) the Department shall, if any person detained in the criminal lunatic asylum in pursuance of this subsection recovers his sanity before the expiry of his sentence, cause him to be removed back to prison to be there detained until the expiry of his sentence.

(2) Where it is certified by two duly qualified medical practitioners (one of whom shall be a medical practitioner who is not a salaried officer of the Department) within fourteen days before the expiry of the sentence imposed on any person detained in the criminal lunatic asylum in pursuance of the last foregoing subsection, that such person is insane, that he cannot be set at liberty without

danger to the public or to himself, and that it is advisable that he should be detained after the expiry of his sentence in the criminal lunatic asylum rather than in any other asylum, the Secretary of State may order that he be detained accordingly, and thereupon such person may be dealt with in like manner in all respects as if such order were an order for his custody until His Majesty's pleasure be known:

Provided that -

(i) the Department shall, on application made by or on behalf of any such person as aforesaid, afford an opportunity to a medical practitioner employed by him or on his behalf to examine him not later than fourteen days before the expiry of his sentence, and the Secretary of State, before making an order under this subsection for the detention of such person, shall consider any report by such medical practitioner which may be submitted to him not later than ten days before the said expiry;

(ii) the Department shall cause any person detained in the criminal lunatic asylum in pursuance of an order under this subsection to be medically examined at intervals as nearly as may be of three months and a report to be furnished to the Secretary of State whether such person is sane, whether he can be set at liberty without danger to the public or to himself and whether, if he is insane, it is advisable that he should be further detained in the criminal lunatic asylum rather than in any other asylum, and the Secretary of State shall, on receipt of such report, consider whether any and, if so, what further detention is necessary.

(5) Sections nineteen and twenty-two of the Lunacy (Scotland) Act, 1862 (which sections relate to the detention of insane prisoners in the prison at Perth, and to the removal thereto of insane prisoners from other prisons) shall be repealed, as from such date as the Secretary of State may appoint: Provided that it shall be lawful to give any order for the safe custody of a person detained in the lunatic department of the said prison in pursuance of the said section nineteen which might have been given if this subsection had not been enacted.

This introduces much tighter controls on the continued detention of prisoners in a hospital beyond their date of release.

1947

National Health Service (Scotland) Act

10 & 11 George VI Ch. 27

This was an extensive piece of legislation and Section 49 (5) stated -

"Any institution established under subsection 1 of Section 28 of the Mental Deficiency and Lunacy (Scotland) Act 1913 for defectives or dangerous or violent propensities and any institution provided under Part II of this act for such defectives shall be under the management of the General Board and the provisions of this Act relating to Regional Boards and the Boards of Management shall not apply to any such institution.

(Part II of this 1947 Act related to the duty of the Secretary of State to meet all reasonable needs for accommodation and treatment of inpatients.)

This was the first time that the care and custody of severely mentally

disordered criminals was removed from the Prison Authorities. At this time the Criminal Lunatic Department was still under the authority of the Prisons Department but legislation for this group was soon to change.

1949

Criminal Justice (Scotland) Act

12, 13 & 14 George VI Ch. 94

Section 63

(1) The Secretary of State may provide accommodation in a State Hospital for persons of unsound mind who are ordered to be kept in strict custody till His Majesty's pleasure be known and for other persons of unsound mind who cannot be suitably cared for in a mental hospital within the meaning of the Lunacy (Scotland) Acts, 1857 to 1913, and in connection therewith may provide such medical, nursing and other services as may be required.

(2) The expressions "criminal lunatic" and "criminal lunatic asylum" shall cease to be used and there shall be respectively substituted in any enactment for those expressions the expressions "state mental patient" and "State Mental Hospital".

(3) A State Mental Hospital shall be under the management of the General Board of Control for Scotland.

(4) Subsection (1) of section one and section two, three and seven of the Criminal Lunatics (Scotland) Act 1935, shall cease to have effect.

Section 65

(1) Where an order under section ten of the Mental Deficiency and Lunacy

(Scotland) Act, 1913, that a person be transferred to an institution for defectives or be placed under guardianship expires, or the person to whom the order relates is ordered to be discharged from such institution or guardianship then, if, at the time of such expiry or order for discharge, either -

(a) the period during which such person could, if the order under the said section ten had not been made, have been detained in the prison or other place in which he was detained when that order was made, has not expired; or

(b) the person is subject to an order for his custody until His Majesty's pleasure be known, the Secretary of State may remit him to any prison or other place in which he could have been detained if the order under the said section ten had not been made and such person shall be liable accordingly to be dealt with as if he had never been transferred to the institution for defectives or placed under guardianship."

This is comparable provision to that for the mentally ill in terms of Section 4 of Criminal (Lunatic) Scotland Act 1935.

1960

Mental Health (Scotland) Act

8 & 9 Elizabeth II Ch. 61

This is the current legislation.

Section 66

Provided that if the Secretary of State is satisfied on the basis of two medical reports that a convicted prisoner serving a sentence is suffering from a mental disorder which warrants compulsory admission

under Part IV of the Act (that is which would warrant his compulsory detention if he was resident in the community) then a transfer direction may be made.

The transferred prisoner has a right to appeal to a Sheriff once, within the first 3 months of transfer.

The age limits apply to this section and thus those suffering only from personality disorder or from mild mental deficiency cannot be detained and transferred over the age of 21 years.

Section 67

This enpowers the Secretary of State to impose if he wishes, an additional direction restricting discharge.

Section 69

This section states that if before expiry of sentence the responsible medical officer notifies the Secretary of State that the prisoner no longer requires treatment for mental disorder he can be returned to prison to be dealt with as if he had never been transferred.

A direction restricting discharged ceases to have effect at the expiry of the sentence and if still in hospital at that time, the patient shall be released unless the responsible medical officer and another medical practitioner report on a prescribed form that detention should continue and if this is done the patient is dealt with as if he was detained in terms of a hospital order without restriction on the date that the direction restricting discharge ceased to have effect. The date of expiry of a sentence means date on which he would have been released from prison had he remained in prison, that is with the one-third remission taken into account.

Specimens of a Section 66 Certificate, a transfer direction and a certificate to continue detention at the time of expiry of sentence are shown.

The 1960 Act under Section 89 orders the Secretary of State to provide State Hospitals for detained patients who require treatment under conditions of special security on account of their dangerous, violent or criminal propensities. Hospitals provided under Section 63 (1) of the 1949 Act and Section 28 of the 1913 Act are to be deemed hospitals under this section.

Under Section 90 the State Hospital is managed by the Secretary of State via a committee constituted by him for the purpose.

1983

Mental Health (Amendment) (Scotland) Act

Ch. 39

This Act introduces significant changes to the operation of the 1960 Act, but had not been enacted at the time of writing. The mechanism of transfer is not altered but the opportunities for appeal against transfer are increased.

Section 26

This altered the Management Committee at the State Hospital in that it became more autonomous with powers and responsibilities similar to those of an Area Health Board. The practical implication of this new legislation are, at the time of writing, unknown.

TRANSFER TO HOSPITAL
(Section 66)

STATEMENT OF PARTICULARS REGARDING PRISONER OR INMATE

(If any of the particulars are not known, this should be stated)

1. Prisoner or Inmate's Reg. No. and Name

2. Date of birth .....

3. Marital status .....

4. Date when first received into prison or institution on conviction or sentence .....

5. Date of sentence, and by what court .....

6. Offence .....

7. Previous offences .....

8. Details of sentence .....

9. Date of expiration of sentence) *with remission
) without remission

* *(if release is subject to supervision conditions mark "(L)")*

10. Previous occupation .....

11. Previous address .....

12. Name and address of nearest known relative and degree of relationship .....

13. Special circumstances (if any) preventing the insertion of any of the above particulars .....

I certify that, to the best of my knowledge, the above particulars are correctly stated.

Governor

19

I. M.

any decision to impose on this patient the special restrictions set out in section 60 of the Act, as applied by section 67.

If the doctor is of the opinion that the nature of the patient's mental disorder is such that he presents a special risk to the public and might appropriately be subject to discharge only by the Secretary of State, give full reasons.

8. I understand the patient has previously received psychiatric treatment as follows:-

Give brief details of any known previous in-patient or out-patient psychiatric treatment. If past history unknown, write "NOT KNOWN". If known that the patient has not previously received psychiatric treatment, write "NONE".

9. Provisional arrangements for the patient's treatment in hospital have been made as follows:-

This section need be completed in one only of the two medical reports relating to the patient and need not be completed in either if both medical reports show that the patient is only suitable for admission to a State Hospital.

State whether the hospital named has agreed to admit the patient in the event of a direction under section 66 being given.

Signed .....

19

MENTAL HEALTH (SCOTLAND) ACT, 1960

MEDICAL REPORT FOR TRANSFER TO HOSPITAL
(Section 66)

[1] Name and address (or hospital appointment) of medical practitioner.
[2] Name of patient.

1. I, [1] ..... of ..... being a registered medical practitioner recommend that [2] ..... be transferred to a hospital in accordance with Section 66 of the Mental Health (Scotland) Act 1960.

Delete if not applicable.

2. I have been approved by ..... Regional Hospital Board under section 27 of the Act as having special experience in the diagnosis or treatment of mental disorder.

3. The nature and extent of my acquaintance with the patient prior to conducting the examination is as follows:-

State whether acquainted with the patient by reason of being prison medical officer, having treated patient previously, etc. If no previous knowledge of the patient, enter "NONE".

4. I last examined the patient at .....
on

TRANSFER DIRECTION UNDER SECTION 66 AND DIRECTION RESTRICTING DISCHARGE UNDER SECTION 67

TO THE GOVERNOR OF HM PRISON,
TO THE BOARD OF MANAGEMENT FOR THE STATE HOSPITAL, CARSTAIRS.

WHEREAS was convicted of assault and assault with intent to rob at Sheriff Court on the twenty-third day of nineteen hundred and eighty and was remitted to the High Court at for sentence:

AND WHEREAS the said at the High Court at on the sixth day of nineteen hundred and eighty was sentenced to three years imprisonmen

AND WHEREAS the Secretary of State is satisfied by reports from two medical practitioners of whom one has been approved for the purposes of section 27 of the Mental Health (Scotland) Act 1960 (hereinafter referred to as "the Act of 1960"), that the said is suffering from mental disorder, namely mental illness, and that such mental disorder is of a nature or degree which warrants his admission to a hospital under a hospital order within the meaning of section 175 or 376 of the Criminal Procedure (Scotland) Act 1975:

NOW THEREFORE in exercise of the powers conferred on him by section 66(1) of the Act of 1960 the Secretary of State hereby directs that the said be removed to the State Hospital, Carstairs Junction, Lanarkshire, and be detained therein:

AND in exercise of the powers conferred on him by section 67 of the Act of 1960 the Secretary of State further directs that the said shall be subjec to the special restrictions set out in section 60 of the Act. Subject to the provisions of section 69(1) of the Act of 1960 the said special restrictions shall cea on the sixth day of nineteen hundred and eighty

Dated this eighteenth day of May nineteen hundred and eighty

Under Secretary

Scottish Home and Health Department
New St Andrew's House
Edinburgh
EH1 3SX

MENTAL HEALTH (SCOTLAND) ACT 1960

TRANSFER DIRECTION UNDER SECTION 66 AND
DIRECTION RESTRICTING DISCHARGE UNDER SECTION 67

TO THE GOVERNOR OF HM PRISON,
TO THE MANAGEMENT COMMITTEE FOR THE STATE HOSPITAL, CARSTAIRS

WHEREAS was convicted of breach of the peace, murder and assault at the High Court at Glasgow on the twenty ninth of nineteen hundred and seventy and was sentenced to 30 days imprisonment, life imprisonment, and 3 years imprisonment:

AND WHEREAS the Secretary of State is satisfied by reports from two medical practitioners, of whom one has been approved for the purpose of section 27 of the Mental Health (Scotland) Act 1960 (hereinafter referred to as "the Act of 1960"), that the said is suffering from mental disorder, namely mental illness, and that such mental disorder is of a nature or degree which warrants his admission to a hospital under a hospital order within the meaning of section 175 or 376 of the Criminal Procedure (Scotland) Act 1975:

NOW THEREFORE in exercise of the powers conferred on him by section 66(1) and 67(1) of the Act of 1960 the Secretary of State hereby directs that the said be removed to the State Hospital, Carstairs Junction, Lanarkshire, and detained therein:

AND in exercise of the powers conferred on him by section 67 of the Act of 1960 the Secretary of State further directs that the said shall be subject to the special restrictions set out in sub-section (3) of section 60 of the said Act.

Dated this seventh day of December nineteen hundred and eighty-

Under Secretary

Scottish Home and Health Department
St Andrew's House
EDINBURGH EH1 3DE

RENEWAL OF AUTHORITY FOR DETENTION OF PATIENT WHEN DIRECTION RESTRICTING DISCHARGE CEASES TO HAVE EFFECT

(Section 69)

(This renewal of authority is to be sent both to the Mental Welfare Commission and to the Board of Management of the hospital in which the patient is liable to be detained.)

elete as ppropriate

TO THE MENTAL WELFARE COMMISSION

) Name of hospital

TO THE BOARD OF MANAGEMENT OF (1).....

.....

) Name of medical actitioner from whom port was obtained

1. I have obtained the attached report by (2).....

) Name of patient

on the condition of (3).....who is detained in (1)

.....and who ceases to be subject

) Date on which striction on discharge ases to have effect

to a direction restricting discharge on (4)....., 19.....

2. Taking that report into account I am of the opinion that the patient is suffering from

) Insert mental illness nd/or mental ficiency

(5).....

and that it is necessary—

elete (a) or (b) nless both apply

(a) in the interests of the patient's health or safety;

(b) for the protection of other persons;

that the patient should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960, beyond the date given at 1 above.

) Indicate why other ethods of care or atment, including ntinued treatment in spital without bility to detention, e not appropriate

3. The reasons why the patient cannot suitably be discharged are:—(6)

Signed .....

Responsible Medical Officer

Date 19

MEDICAL REPORT ON CONDITION OF PATIENT WHEN DIRECTION RESTRICTING DISCHARGE CEASES TO HAVE EFFECT

(Section 69)

Name and address hospital ›ointment) of medical ctitioner

Place of examination

Name of patient

1. I (1)..... of .....

....., being a registered medical practitioner, examined at (2)

.....on....., 19..... (3)

.....

and in my opinion the patient is $\frac{\text{suffering}}{\text{not suffering}}$ from

Insert mental illness d/or mental ficiency

(4).....

2. I am also of the opinion that it is $\frac{\text{necessary}}{\text{not necessary}}$ —

elete (a) or (b) less both apply

(a) in the interests of the patient's health or safety;

(b) for the protection of other persons;

that the patient should continue to be liable to be detained under the Mental Health (Scotland) Act, 1960, beyond the date on which he ceases to be subject to a direction restricting discharge.

Full clinical cription of patient's ntal condition, and sons for considering t the patient should should not continue be liable to be ained

3. My opinions are founded on the following grounds:—(5)

Signed .....

Date....., 19.....

HISTORICAL SURVEY

SIGNIFICANT DATES

1842	General Prison opened at Perth.
1846	Lunatic Hospital opened adjacent to the General Prison for male and female inmates.
1857 (approx)	Lunatic Hospital became known as Criminal Lunatic Department.
1865	Inmates transferred to a different and larger building adjacent to the General Prison designated the National Establishment for Criminal Lunatics in Scotland.
1870 (approx)	Return to former title of Criminal Lunatic Department.
1881	New wing built on to Criminal Lunatic Department.
1928	Male inmates of State Institution for Defectives accommodated in ground floor of 'D' Hall in Main Prison.
1931	Female inmates accommodated in a separate villa, the Female Lunatic Department.
1948	Male inmates of State Institution for Defectives conveyed to Carstairs.
1957	Male inmates of Criminal Lunatic Department conveyed to Carstairs.
1958	All female inmates conveyed to Carstairs.

INTRODUCTION

The development of provisions whereby prisoners can be transferred after conviction from prison to a psychiatric hospital are clearly closely linked with the development of psychiatric services for other classes of offenders and with psychiatric services for prisoners and indeed with the development of prison services. This historical survey briefly traces the relevant parts of the origins of the Scottish Prison system and attempts to emphasise prison transfers but during the course of the survey other related items are recorded when they are of interest in order that an overall view may be gained. The relevant literature is scanty and in most works in existence, eg Gunn et al (1978), it is the English position which is summarised. Cameron (1983) dealing exclusively with Scottish prison history encountered the same lack of material on Scottish matters though Willox (1967) did prepare a monograph which was published privately. Neither of these texts were prepared by a psychiatrist and neither directs more than general attention to clinical aspects, although they provided very useful factual information for this survey and the other main sources used were the Annual Reports on Prisons, which first appeared in 1840 and had various changes in precise title over the years. The account of most recent times is augmented with comments and reminiscences from those staff who had knowledge of services themselves and who the author had the opportunity to meet.

Although much of history must be prepared from these 2 resources, that is official records and individual recollections and memories, neither is without potential shortcomings. The former are often incomplete and formal and the latter can be idiosyncratic and unrepresentative. It

would be a matter for a professional historian rather than a clinician to express an opinion on the degree to which this survey is distorted by these factors.

PRISON IN EARLIEST TIMES

The modern era of custodial care for offenders began in Scotland, as it did in many other counties, rather more than 100 years ago. Before that time prisons were few in number, and generally were places in which offenders were detained prior to trial (Cameron 1983). Punishment on conviction was usually immediate and non-custodial. The main exception to this was in the case of debtors, but nevertheless the pattern was that prisons were small, very rudimentary in their structure and served little other purpose than containment.

The first Prisons Report (1840) gives a survey of the history prior to that date and records that one of the very early references to imprisonment appeared in an Act of the Scottish Parliament in 1487 in the reign of King James III, entitled "Of the Keiping of Arreisted Trespassoures". Under this Act, the crown either kept prisoners awaiting trial in one of the King's castles, or if no such building was available, they were placed in the custody of a local sheriff, and kept by him at the expense of the crown. Lest it be assumed that punishment was universally harsh at this time, an interesting insight is gained into the relative sophistication of the legal system, even in the sixteenth century, from an Act of 1579 entitled "For Punishment of Strang and Idle Beggars and Reliefe of the Pure and Impotent". This Act stated that vagabonds and beggars who are apprehended, might be confined within a prison until their trial, which had to be within a period of 6 days of apprehension, and if convicted they were to be punished by being scourged and burnt through the ear with a hot iron. If, however, at the trial an honest and responsible man, of his own free will, presented himself to the Court, and offered to keep the

offender in his service for a whole year, then his corporal punishment was not administered. The citizen was bound to report back again to the Court at the end of the year, and inform the Court of the offender's conduct during that time. If this had been satisfactory then the matter ended there but if not, the original punishment was administered. This legislation clearly shows an attempt at reform and rehabilitation, rather than being purely punitive; and it also makes use of resources in the community, which in turn reflects upon the limited penal resources at this time. This has interesting parallels for the 1980's and compares with sentences such as community service orders and other efforts being discussed which are intended to keep certain offenders out of prison.

The worst era in the history of Scottish prisons, began shortly after the Act just mentioned in 1579, during the reign of King James VI, (1567-1625) when the responsibility for the care and custody of offenders of all descriptions, was transferred from crown to the boroughs. This change was effected because at about this time the Scottish crown was impoverished and unable to meet their obligations as regards the maintenance of offenders. This Act was entitled "Prison Houses to be bigged within all Burrowes". Many boroughs were not able to meet this commitment, and provide prisons, and pay for the care of offenders and as the years passed they certainly became progressively less well equipped to do so. By the time of the eighteenth century, these borough prisons were in a very deteriorated state. Conditions were poor, and the health of prisoners was likewise poor. Their only release on medical grounds, was possible under an Act of 1671, which stated that a magistrate of a borough could release a prisoner if there was a medical certificate as to his sickness, stating that there was

danger to his health if his confinement were to continue. At this time criminal prisoners were maintained at their own expense, but if they were destitute, they had to be maintained by the borough. Civil prisoners had to be maintained by payments made by the creditor to the magistrates, and if the creditor did not provide such payment, then the debtor was released, this being an Act of the Scottish Parliament of 1696. All this information is, as stated, contained in the First Prisons Report (1840).

Graham (1900) records, somewhat surprisingly, that during the latter half of the eighteenth century serious crime was not common. An execution was a rare event and during the years 1773–1776 there was not a single execution in Edinburgh even though many offences carried the death sentence. During the 20 years to 1793 there averaged, throughout Scotland, less than 6 executions each year and this contrasts with the similar period in England when executions were common and often multiple. Gaols at this time were unhealthy, insanitary and insecure and escapes were common. While it might be concluded from this that the population were law abiding it is probably more likely that summary corporal justice was administered without formal records being kept.

The First Report (1840) continues that as the population grew, and with it the need for prisons, it became increasingly clear that boroughs were unable to provide the funds to adequately improve their gaols. Representatives of Royal Boroughs met in 1816, and attempted to initiate improvements, and submitted a report on the state of Scottish prisons to the House of Commons in May 1818. They stated that of the 49 boroughs that had been examined, except for 8 or 10 cases, none of

the gaols were in a good state and many were both insecure and incommodious. This report to Parliament resulted in the passing of the 1819 Act entitled "An Act to enable Counties and Stewarties in Scotland to give aid to Royal Boroughs situated therein, for the purpose of improving and enlarging, or rebuilding their Gaols".

Although this Act suggested that counties should give aid to boroughs, it did not enpower them to do so, and somewhat predictably little action was taken. The next attempt to effect change began in 1826, when the Lord Advocate, Sir William Ray, prepared a report for a select committee of the House of Commons, which again found prisons were defective in security, accommodation and management, and that the funds with which prisons might be improved were inadequate for the purpose. The report concluded "It is no longer a matter of choice, but a matter of necessity, that a speedy and effectual remedy should be applied to an evil of such magnitude. Impressed with the belief that no prison can be properly constructed or regulated, unless it be of considerable size, it has occurred to your committee to inquire whether it would not be expedient that gaols should be erected in certain districts of Scotland". Regrettably, no positive action was taken by Parliament, other than to request more information and appoint an inspector of Prisons by an Act of 1829, entitled "An Act for directing Reports to be made respecting Gaols in Scotland". The Inspector was Frederick Hill, and reports appeared in 1836, 1837, 1838, and 1839, and they again contained similar information about the totally unsatisfactory nature of Scottish gaols. It is stated that there are 170 gaols within Scotland, and that these could be divided into 3 main categories. Seventy of the gaols were lock-up houses,

consisting of a single room, and were generally situated away from other buildings. The next group of about 80, were small gaols consisting of between 2 and 6 rooms, which occupied part of the borough buildings, and finally there were larger and more recently constructed gaols, which could cope with a greater number of prisoners. It was clear that in all these facilities, separation was only possible by sex and that other than this, all classes of prisoners were mixed together. In addition, there was no opportunity for employment or activity of any kind.

It was felt by Hill, that the solution to the problem of Scotland's gaols could best be solved not by trying to modernise and improve each individual borough gaol, but by building a large efficient gaol somewhere in Scotland, which would contain all but short term offenders, and that all resources could be channelled into this one facility. It was believed that separation of individual prisoners was esential. Attention was to be paid to health, religious and moral instruction, and training and education as a preparation for gainful employment following release. Punishment for its own sake was not incorporated. This would be entirely compatable with contemporary criminological theory which viewed crime as being a product of man's hedonistic tendencies. As described by Fox (1976) the leading figure in this movement was Bentham (1748–1832).

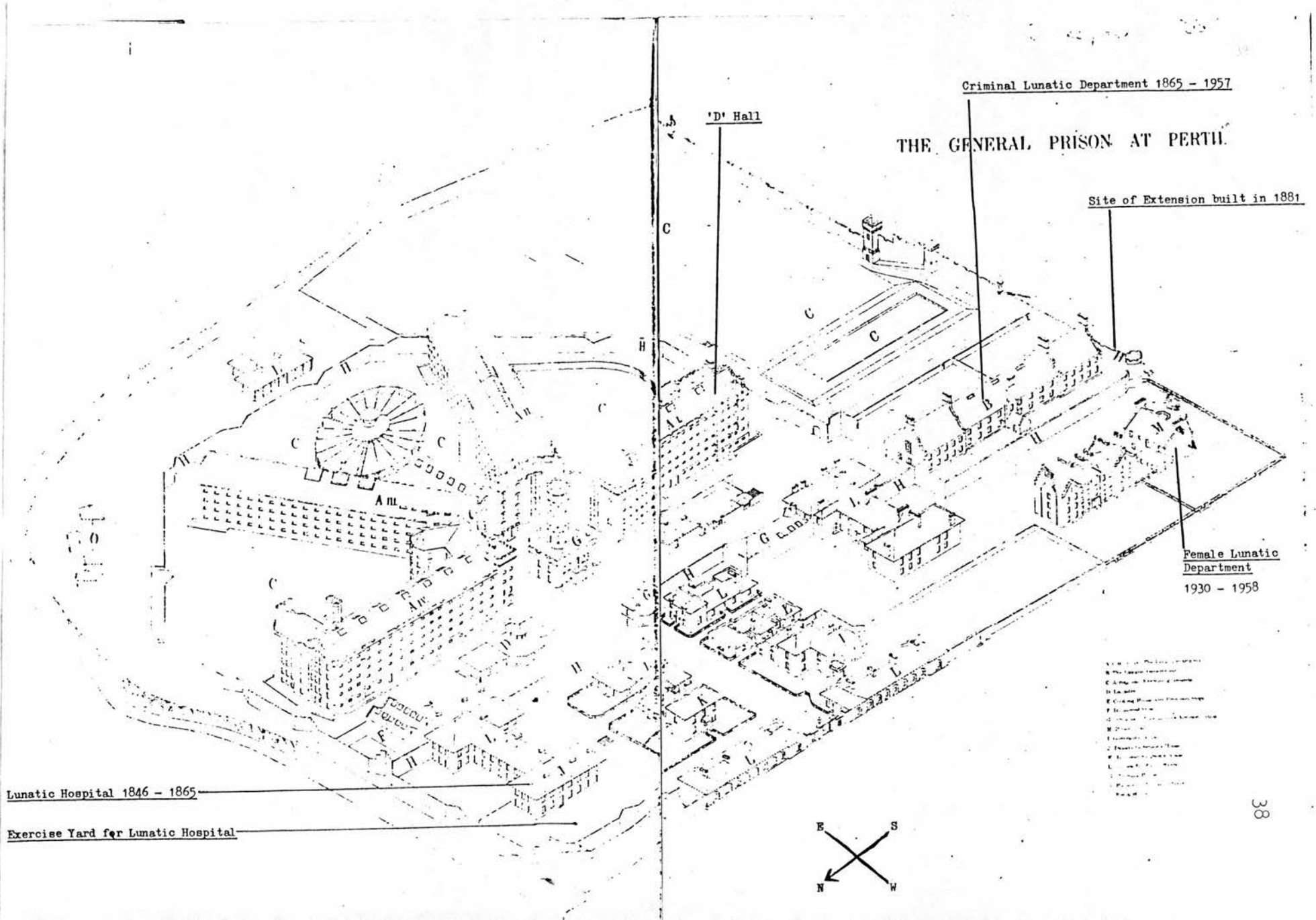
In response to this philosophy, prisons were made to be spartan, rigorious institutions emphasising regular hours and work intended to reform the inmates. Association was discouraged and prevented as much as possible, and thus all Victorian prisons were built in the similar cellular design.

It was suggested by Hill that an appropriate site for this new prison for Scotland, which quickly became known as the General Prison, would be near Perth on the site of a depot for French prisoners from the Napoleonic wars. These buildings had been empty since 1815, and extensive proposals were made for their conversion. The final long awaited definitive legislation, which was to end the wholly unsatisfactory system just described, was begun by the Act of 1839, entitled "An Act to improve Prisons and Prison Disciplines in Scotland". This created a General Board of Directors of Prisons, which would be directly responsible for the management of the General Prison, and would supervise the management of borough and local prisons, via County Boards. This Act also abolished entirely, the obligation for prisoners to pay for their maintenance within the General Prison. All these details are recorded in the First Report (1840).

The General Prison in Perth was intended as the place of confinement for all males and females from throughout Scotland who were serving a sentence of 9 months or longer. The Fourth Report (1843) records that it was opened for the reception of prisoners on 30 March 1842, and during the remainder of that year 404 prisoners were admitted of whom 270 were male. Gibbens (1971) showed that in modern times female offenders are very much in the minority and 33 males were sentenced to imprisonment for every one female in this study. The almost equal proportions at this time might represent a different pattern of offending or be due to males being liable to be executed and never reach prison, crime having increased from the time described by Graham (1900). Those serving shorter sentences remained as before in local prisons elsewhere and plans continued to appear over the years for these local establishments to be improved or rebuilt. These original buildings in Perth are

essentially the same as those in use today as a high security male prison. A drawing of the General Prison of the period (Prisons Report 1867) shows to those familiar with the design of Perth Prison today, how little the prison has changed (Figure 1). The buildings are now listed as being of special architectural and historical interest.

The parts of the prison complex which are mentioned in this historical survey are identified.


THE GENERAL PRISON AT PERTH.
Criminal Lunatic Department 1865 - 1957
'D' Hall
Site of Extension built in 1881
Female Lunatic Department
1930 - 1958
Lunatic Hospital 1846 - 1865
Exercise Yard for Lunatic Hospital
E
S
N
W

THE LUNATIC HOSPITAL AT PERTH PRISON

At the same time as preparations were being made for the new General Prison, plans and proposals were also under way to provide for insane criminal prisoners. The same Act of Parliament 1839, already mentioned, made specific mention of them (Section 30), where it was stated "and in order that due provision can be made for the proper custody, treatment and maintenance of criminal prisoners, who by reason of insanity or lunacy, may be found by the Court to be unfit to be brought to trial, or who may upon their trial be found insane or lunatic, or to have been so when the offence wherewith they were charged was committed, and who may be detained and subjected to confinement as such, be it enacted that it shall be lawful for the General Board, if they shall think proper, instead of making use of a prison or any portion thereof for the custody of such prisoners, and in addition to the powers herein conferred, to contact and agree with the directors or managers of any public lunatic asylum, for the close and safe custody and maintenance of such insane or lunatic prisoners". It soon emerges that the implementation of this statute was unsatisfactory and the Second Report (1841) mentions that in addition to the normal facilities of a prison, it was proposed that the General Prison should include a wing for insane prisoners, and they describe a survey which they had recently conducted to estimate the numbers involved. This wing which became known as the Lunatic Hospital should not be confused with the Criminal Lunatic Department which was a later development and will be discussed here in due course. They stated that with the help of the Lord Advocate and the Solicitor General, attempts were made to ascertain the number of insane criminal prisoners in Scotland, and in addition, their location, and the circumstances of their imprisonment, and further

to enquire as to suitable lunatic asylums to which such prisoners could have been removed. It was discovered that there were 6 prisoners in this category in prisons throughout the country, and the Board directed in 1840 that all but one of these prisoners should be removed to the Royal Lunatic Asylum in Dundee, and the sixth prisoner, who had been found in prison in Greenock, should be removed to the asylum at Paisley. During the course of these enquiries, they discovered that one of these criminal lunatics had been confined as insane since 1831, and 2 had been so confined since 1835.

It will be noted that no legislation has yet been introduced to deal with prisoners who develop mental illness while in prison, but showing considerable foresight the Second Report of the Board (1841) continues by stating that there may be insane prisoners not falling within the descriptions mentioned in the Act, and who therefore could not be removed to a lunatic asylum. They give as an example, prisoners becoming insane after conviction. In addition to wishing powers to commit this group to an asylum the Board found that the managers of several asylums were quite unwilling to accept offenders, under any circumstances, so that even if legislative powers were to be introduced to cover such groups, the likelihood would be that there would be difficulties. Furthermore, the Board felt that they were responsible for the continuing supervision of the care and custody of such inmates, and that were they to be scattered throughout lunatic asylums, then it would be difficult in practice to keep them under review, and it is for all these reasons that the Board considered that it would be of great advantage to have a portion within the General Prison, for the reception of insane prisoners, even though the machinery would still be in existence for certain insane prisoners under suitable circumstances, to be moved to local asylums.

The following year in the Third Report (1842) the Board proudly reported that plans for a wing for insane prisoners, had considerably advanced, and that it was proposed to use one of the old buildings of the depot formerly used as a hospital. In this report there was also mentioned that 3 more criminal lunatics had been transferred during the course of the year to the Royal Lunatic Asylum in Dundee, and that all those confined during the previous year were still residing therein, but the one criminal lunatic who had been transferred to the asylum at Paisley, managed to make escape, and all attempts at recapture had been unsuccessful.

Two years later in the Fifth Report (1844), it was reported that the Board authorised the removal of 3 insane prisoners from the General Prison to the local prisons from which they had been sent, and they state that they adopted these measures as the only prevailing measures within their power at that time. They explain that local prisons frequently did not expect the same high standards of discipline and personal conduct and work and thus they could probably manage to contain a prisoner suffering mental disorder rather more satisfactorily. We are fairly safe to presume, that since transfer was not arranged to an asylum, they were prisoners who were excluded from the terms of the 1839 Act, and that they had probably developed their insanity following conviction. The following year in the Sixth Report (1845) it was reported that 2 insane prisoners were moved to asylums during the course of the year, and the following year the Seventh Report (1846) stated that 5 individuals were similarly dealt with although it was not stated when their insanity developed. On this occasion a firm statement was made concerning the extreme difficulty which was frequently encountered in finding suitable asylums willing to receive insane criminals, irrespective

of whatever sum of money may be offered to the managers of the asylum for the maintenance of these inmates, and mention was made of the existence of a criminal ward at the Bethlem Hospital in London. The report discussed that it might be helpful if such a ward could be created, attached to one of the asylums in Scotland. It was stated that the placing in legal prisons of individuals who were not properly prisoners was very unsatisfactory. They referred to the group who had been apprehended as lunatics, and who might be dangerous to others and who in view of such propensities should be committed to a place of safe custody, but because of reluctance of the managers of local lunatic asylums, were ending up being confined in prisons since there was no other place for them. The comments on this perennial subject conclude that the custody of individuals in the prison often interfered with prison discipline and diminished the extent of accommodation available for other prisoners. Section XII of the Prison Discipline Amendment (Scotland) Act 1844, in which this provision for the transfer of prisoners who became mentally ill was clearly stated represented the first definite mention of this aspect of treatment. This is elaborated in the section on legislation.

It is worthwhile, for comparison, to describe the parallel development for the transfer of prisoners to hospitals in England and Wales. This is summarised by Gunn (1978) who states that the County Asylum Act (1808) permitted the transfer of prisoners to an asylum but problems arose and Broadmoor Criminal Lunatic Asylum was opened as a separate "special" asylum in 1863, Criminal lunatics having previously been either in local asylums or since 1800 in a separate wing at the Bethlem Hospital, London. Even with the opening of Broadmoor, however, prison transfers continued to be a problem and Gunn relates that no prisoners were transferred to

Broadmoor from 1874 for a period of 10 years until the Criminal Lunatics Act (1884) re-introduced provision to transfer prisoners to hospital. Broadmoor had ceased to accept convicts as patients because they were "more troublesome and escape minded than other patients", Gunn (1978) Page 6.

Returning to the Scottish scene, the Eighth Report of the Board of Directors, (1847) described the final preparation of the new Lunatic Hospital in the General Prison, and the first admissions there in October 1846. The recently passed 1844 Act increased the powers of the Board, so that instead of merely having authority over prisoners who were found to be insane at the time of their trial, or were unfit to plead under, this new act, the Board became responsible for all insane or lunatic prisoners, whether confined within a lunatic asylum or within a local prison, and provided the insanity or lunacy of each individual prisoner, if not previously ascertained in a Court, could be ascertained by the certificate on soul and conscience by 2 or more medical practitioners, the Board had the authority to remove such prisoners to the General Prison and thence to any special facilities in existence there.

A part of the old prison hospital was considered to be suitable to serve as the new lunatic hospital, with only minimal alteration. Great importance was placed upon keeping the hospital entirely separate from the rest of the prison. The premises were a 2 storey building, with on the lower floor 3 large rooms. The central and largest of these was to serve as a dayroom, and the 2 adjoining rooms were to provide sleeping accommodation and could hold 5 beds each. Also on the ground floor, were 5 cells or rooms which could be used as bedrooms, and each of these could

hold 3 or 4 beds, and in addition there was a strong room which was considered to be suitable for violent patients. Only part of the upper floor of the building was used initially, and there were 5 small rooms, each capable of holding 3 or 4 beds, together with a dayroom. There was thus accommodation for about 50 patients.

It is not entirely clear from the contemporary reports which building was being referred to and described but when details of the shape of the building contained in the Twenty-Sixth Report (1865) are added details of the boundary walls from Willox (1967) it becomes certain that the building in question was one of the 2 buildings to the west of the main prison as shown on the plan and that it can only be the more northernly of those 2. At this time the building was used as a hospital for infirm prisoners as well as a Lunatic Hospital. The lunatics had their exercise in the walled area to the west and the physically ill prisoners exercised in the yard to the north as shown in Figure I. The premises which were the Lunatic Hospital and had previously been a hospital for French prisoners are now in the 1980's used for selected long term prisoners who are being prepared for release. There are photographs of this building as it is today.

To return to sequence, the Eighth Report (1847) continued that staff initially consisted of an attendant and his wife, and another male attendant, all of whom lived within the hospital, and the Board considered that the Surgeon to the General Prison, Dr William Malcom, should in addition to his other duties, provide the medical care to the hospital because his position also happened to be "The Medical Superintendent of an extensive establishment for lunatics in the immediate vicinity of the town" which although not named in this report was indeed the Murray Royal

Hospital. This special link deserves to be remembered in the history of Scottish Forensic Psychiatry.

It was further related in this Report that prior to admitting the first patients a further survey was conducted with the assistance of all the County Prison Boards, which were responsible for local prisons, and were all subordinate to the General Board, and the number of mentally ill prisoners involved were ascertained. The total number, of these identified was 15; thus the size of the premises, which according to Dr Malcom was capable of accommodating 35 males and 18 females, was thought entirely adequate It is clear from Figure II (Eight Report 1847) that there was little consistency in terms of the sentence which was imposed. The charges were generally serious and of the 15 individuals, 13 were already in a local hospital. It is of interest to note a case of matricide by a female.

Three of the 15 cases had received a determinate sentence in court so the mental disorder had developed after conviction and 2 of these cases were in hospital at the time of survey. When the Lunatic Hospital was opened in October 1846, only 10 patients were admitted initially, because the boundary wall had not yet been completed, and thus the facilities for exercise in the airing yards was limited. By the end of 1846, 2 of these patients in the hospital had been discharged on expiry of their sentence, and removed to their respective counties.

During the early years of the Lunatic Hospital there was a steady increase from year to year in the number of patients contained therein. In 1848 (Tenth Report 1849) there were 20 patients and a year later (Eleventh Report 1849) there were 27. Dr Malcom wrote at this time

No. III.—Abstract of Returns by County Prison Boards of the whole Insane or Lunatic Criminal Prisoners in Scotland, made in terms of Circular Letter of the General Board of Directors of Prisons, of 14th October, 1846.

No.	County.	Name of Prisoner.	Sex. M.	Sex. F.	Age.	Offence.	Where Tried.	By what Court Tried.	Date of Sentence.	Sentence.	Where Confined.
1	Argyle . .	A. McI. .	1	..	32	Murder . . .	Inverary .	Circuit Court of Justiciary.	1st May, 1840	On trial found to be insane, and sentenced to be detained in custody.	Dundee Royal Lunatic Asylum.
	„ . . .	J. McD .	..	1	22	Theft . . .	Ditto . .	Ditto	18th April, 1844	Transportation for seven years . .	Glasgow Royal Lunatic Asylum.
	„ . . .	P. C. . .	1	..	42	Murder . . .	Ditto . .	Ditto	19th April, 1844	On trial found to be insane, and sentenced to be detained all his life.	Inverary Prison.
2	Ayr . . .	J. M. . .	1	..	68	Murder . . .	Ayr . .	Ditto	14th April, 1835	Found to be unfit for trial, and sentenced to be detained in custody.	Dundee Royal Lunatic Asylum.
3	Edinburgh .	G. W. . .	1	..	43	Murder . . .	Edinburgh .	High Court of Justiciary.	9th Novr., 1831	Found to be insane, and sentenced to be detained in prison till caution be found for his safe custody.	Dundee Royal Lunatic Asylum.
4	Fife . . .	A. S. . .	1	..	35	Murder . . .	Perth . .	Circuit Court of Justiciary.	2nd May, 1844	Found to be insane, and sentenced to be imprisoned, subject to future orders of the High Court of Justiciary.	Glasgow Royal Lunatic Asylum.
5	Lanark . .	T. McK .	1	..	35	Murder . . .	Glasgow .	Ditto	6th May, 1839	Found to be insane, and sentenced to be confined for life.	Dundee Royal Lunatic Asylum.
	„ . . .	J. S. . .	1	..	17	Theft . . .	Ditto . .	Sheriff Court . .	9th March, 1846	Ten months' imprisonment . . .	Glasgow Royal Lunatic Asylum.
	„ . . .	J. R. . .	1	..	17	Theft . . .	Ditto . .	Ditto	8th June, 1846	Nine months' imprisonment . . .	Glasgow Prison.
6	Peebles . .	M. P. . .	..	1	33	Fire-raising . .	Jedburgh .	Circuit Court of Justiciary.	4th April, 1842	To be sent to a lunatic asylum.	Royal Edinburgh Asylum for Lunatics.
7	Perth . . .	C. McE. .	..	1	24	Assault . . .	Perth . .	Ditto	30th Sept., 1840	Found to be insane, and sentence to be detained.	Glasgow Royal Lunatic Asylum.
8	Selkirk . .	E. L. . .	..	1	37	Matricide * .	Jedburgh .	Ditto	18th Sept., 1845	Found to be insane, and sentenced to be confined until farther orders of the High Court of Justiciary.	Glasgow Royal Lunatic Asylum.
9	Stirling . .	A. R. . .	1	..	29	Assault . . .	Stirling .	Sheriff Court . . .	26th May, 1841	Found to be insane, and not a fit subject for trial, and sentenced to be detained in prison, subject to future orders of Court.	Dundee Royal Lunatic Asylum.
10	Wigtown . .	T. B. . .	1	..	23	Assault, with intent to ravish.	Ayr . .	Circuit Court of Justiciary.	16th Sept., 1843	Found to be insane, and sentenced to be detained in custody.	Crighton Royal Institution at Dumfries.
11	Zetland . .	J. J., junr.	1	..	9	Several acts of assault.	Lerwick .	Sheriff Court . . .	5th May, 1845	Found to be insane, and not a fit subject for trial.	Glasgow Royal Lunatic Asylum.
			11	4							

that he considered the creation of a separate imbecile department independent of the Lunatic Hospital and the General Prison to be of great advantage. The main difference with these imbecile prisoners was to be that they were not to be subjected to the separate system of the main prison in that they slept, ate, worked and exercised in association. The only other group of prisoners with whom they had contact were the juveniles, and they were not mixed in any way with the Lunatic Hospital population.

As recorded in the Twenty-sixth Report (1865) the building used for imbecile prisoners and for epileptic prisoners was the other oblong building which had formerly been a hospital for French prisoners and can be seen in Figure I. In the same report it was stated that this venture was not to continue. Imbecile and epileptic prisoners were from that time either contained in the main prison or in the Criminal Lunatic Department, but Dr Malcom's personal initiative was clearly demonstrated.

To return again to the sequence of the narrative, the next year 1850 (Twelfth Report 1851) the Hospital population had increased by one despite the fact 3 patients had been discharged and 2 had died. By the following year, namely 1851, (Thirteenth Report 1852) the number had risen to 31 of whom 23 were male.

It was stated in the Fourteenth Report (1853) that work was to be introduced into the Lunatic Hospital for those inmates whom the Surgeon considered fit. It was to be in contrast to that available in the General Prison, in that it would be of a light nature such as sewing purses. Before this date the hospital sounds to have been little more than a place of containment.

The Fifteenth Report (1854) relating to 1853 shows continuing increase in the patient population in the Hospital, and of 34 inmates at the end of that year the details given are by no means comprehensive, but nevertheless some information is available on these patients. Indeed the details of individual inmates given each year in annual reports would not be acceptable today and would certainly be viewed as a violation of confidentiality. Figure III shows what detail is available (Fifteenth Prison's Report for 1854) and from this it will be seen that 13 inmates had been convicted and transferred to the department after insanity had been certified while they were confined in a prison and 20 inmates had been found to be mentally disordered at the time of trial. The majority were described as having been found to be insane and not fit for trial, but one boy aged 11 at the time of his court appearance was found not to be a subject for trial on account of imbecility and dumbness, and had been confined in the Hospital since 1846. There was a man of 24 from the county of Renfrew who was convicted of murder and was sentenced to death, but it was recorded that his sentence was commuted to transportation for life on account of insanity. This man is a case where mental disorder possibly developed after conviction hence his transfer to the Lunatic Hospital.

It appears that for those patients who were convicted and who were certified insane during the time of their sentence, it was the practice for them to be released from the hospital on completion of their sentence for there was no legislative provision for any alternative until another option was introduced in the Lunacy (Scotland) Act 1862.

In the Seventeenth Report (1856) there was an account of an interesting communication received from the Royal Edinburgh Asylum for the Insane.

No. V.—Return applicable to Thirty-Four Insane or Lunatic Criminal Prisoners confined in the General Prison at Perth, as at 31st December 1853, and who were removed thither under the authority of the Statutes.

	County within which Offence was Committed.	Date of Admission into the General Prison.	Name of Prisoner.	Sex. M.	Sex. F.	Age.	Offence.	Where Tried.	By what Court Tried.	Date of Sentence.	Sentence.
1	Aberdeen	Oct. 28, 1853	C. M'C.	...	1	18	Robbery	Aberdeen	Circuit Court of Justiciary.	April 14, 1853	Transportation for ten years, and removed from the Prison of Aberdeen to the General Prison, under warrant of Viscount Palmerston, in respect of her mental state.
2	Argyle	Feb. 5, 1847	P. C.	1	...	43	Murder	Inverary	Ditto	April 19, 1844	On trial found to be insane, and not an object of punishment, and sentenced to be detained in custody all his life, or at least until the further orders of the High Court of Justiciary.
3	Ayr	Nov. 20, 1851	A. G.	...	1	55	Theft	Ayr	Ditto	Sept. 23, 1851	Transportation for seven years; insanity duly certified supervened while confined in the Prison of Ayr.
4	Dumbarton	June 15, 1850	J. D.	1	...	28	Assault with intent to rob	Dumbarton	Sheriff-Court	June 7, 1850	Found to be insane, and not fit for trial, and ordered to be detained in Prison until removed therefrom by competent authority.
5	Dumfries	May 18, 1852	T. M.	1	...	17	Theft by housebreaking.	Dumfries	Circuit Court of Justiciary.	April 19, 1852	Found to be insane, and not fit for trial, and sentenced to be detained in Prison until further orders of Court.
6	Edinburgh.	April 1, 1847	G. W.	1	...	44	Murder	Edinburgh	High Court of Justiciary.	Nov. 9, 1831	Found to be insane, and sentenced to be detained in Prison until sufficient caution be found for his safe custody all the days of his life.
		Aug. 25, 1848	A. D. or A. B.	1	...	17	Theft and previous conviction.	Ditto	Ditto	Sept. 13, 1848	Transportation for seven years; insanity duly certified supervened while confined in the Prison of Edinburgh.
		Jan. 19, 1849	J. L.	1	...	24	Robbery	Ditto	Ditto	June 19, 1848	Transportation for seven years; insanity duly certified supervened while confined in the Prison of Edinburgh.
		March 29, 1850	P. P.	1	...	50	Murder	Ditto	Ditto	May 16, 1850	Found to be insane, and not a proper object of trial, and to be detained in custody until further orders of Court.
		March 13, 1851	W. M.	1	...	22	Theft and previous conviction.	Ditto	Ditto	July 23, 1850	Transportation for seven years; insanity duly certified supervened while confined in the Prison of Edinburgh.
		Sept. 28, 1851	J. S.	1	...	23	Ditto	Ditto	Ditto	July 23, 1850	Transportation for seven years; insanity duly certified supervened while undergoing probationary confinement in the General Prison at Perth, and he was transferred to the Lunatic Wing in terms of a recommendation by the General Board, approved of by Sir George Grey.
7	Fife	Dec. 10, 1846	A. S.	1	...	35	Murder	Perth	Circuit Court of Justiciary.	May 2, 1844	Found to be insane, and sentenced to be imprisoned, subject to future orders of the High Court of Justiciary.
		Dec. 4, 1849	P. B.	1	...	20	Theft by housebreaking, and opening lockfast places, and previous conviction.	Ditto	Ditto	Oct. 11, 1848	Transportation for ten years; insanity duly certified supervened while confined in the Prison of Cupar.
		Aug. 24, 1850	R. C.	1	...	29	Assault to the effusion of blood, fracture of bones, and danger of life.	Edinburgh	High Court of Justiciary.	July 24, 1850	On trial found to be insane, and not a proper object of punishment, and sentenced to be detained in Prison until further orders of Court.
		May 14, 1852	I. B.	...	1	50	Murder	Perth	Circuit Court of Justiciary.	April 29, 1852	On trial found to be insane, and not an object of punishment, and adjudged to be detained in Prison all her life, or at least until further orders of Court.
8	Forfar	Aug. 28, 1852	J. N.	1	...	26	Theft and previous conviction.	Ditto	Ditto	April 25, 1850	Transportation for seven years; insanity duly certified supervened while confined in the Prison of Dundee.
9	Haddington	March 14, 1851	R. B. or M.	...	1	30	Assault	Edinburgh	High Court of Justiciary.	March 12, 1851	Found to be insane, and not a proper object of trial, and ordained to be detained in Prison until further orders of Court.

V.—RETURNS applicable to Thirty-Four Insane or Lunatic Criminal Prisoners confined in the General Prison at Perth, as at 31st December 1853, and who were removed thither under the authority of the Statutes.—*continued.*

County within which Offence was Committed.	Date of Admission into the General Prison.	Name of Prisoner.	Sex. M.	Sex. F.	Age.	Offence.	Where Tried.	By what Court Tried.	Date of Sentence.	Sentence.
10. Lanark	May 4, 1847	T. McK.	1	...	37	Murder	Glasgow	Circuit Court of Justiciary.	May 6, 1839	Found to be insane, and not an object of punishment, and sentenced to be detained in Prison all the days of his life, or until sufficient caution be found for his safe keeping and custody during life.
	Sept. 20, 1847	J. D.	1	...	35	Murder or culpable homicide.	Ditto	Ditto	Dec. 22, 1846	Found to be unfit for trial, from the state of his mind, and sentenced to be detained in Prison until further orders of the High Court of Justiciary.
	Aug. 30, 1849	C. McC.	1	...	18	Theft and previous conviction.	Ditto	Ditto	March 5, 1849	Transportation for seven years; insanity duly certified supervened while confined in the Prison of Glasgow.
11. Peebles	Sept. 23, 1847	M. P.	...	1	84	Wilful fire raising and malicious mischief.	Jedburgh	Ditto	April 4, 1842	Found to be unfit for trial, from the state of her mind, and to be detained in Prison until the further orders of the High Court of Justiciary.
12. Perth	May 29, 1850	W. J.	1	...	50	Murder	Perth	Ditto	Sept. 25, 1850	Found to be insane, and not in a fit state to be put on his trial, and to be detained in Prison until the further orders of the Court of Justiciary regarding him.
	June 18, 1850	W. K.	1	...	22	Murder	Ditto	Ditto	Sept. 26, 1850	Ditto. Ditto. Ditto. Ditto.
13. Renfrew	May 27, 1851	M. K. or L.	...	1	34	Theft and previous conviction.	Glasgow	Ditto	April 22, 1851	Transportation for seven years; insanity duly certified supervened while confined in the Prison of Paisley.
	March 18, 1853	J. D. S.	1	...	24	Murder	Ditto	Ditto	Jan. 4, 1853	Death, but commuted to Transportation for life, on account of insanity.
14. Selkirk	Dec. 29, 1846	E. L.	...	1	35	Matricide	Jedburgh	Ditto	Sept. 18, 1845	Found to be insane, and sentenced to be imprisoned until further orders of the High Court of Justiciary.
	Oct. 12, 1852	J. J. or S.	...	1	35	Murder	Ditto	Ditto	Sept. 8, 1852	On trial found to be insane, and ordered to be detained in Prison all her life, or until further orders of Court.
15. Stirling	May 4, 1847	A. R.	1	...	30	Assault	Stirling	Sheriff-Court	May 26, 1841	Found to be insane, and not a fit subject for trial, and sentenced to be detained in Prison, subject to future orders of Court.
	Nov. 2, 1847	M. K. or T.	...	1	34	Theft and previous conviction.	Ditto	Circuit Court of Justiciary.	Sept. 21, 1847	Transportation for ten years; insanity duly certified supervened while confined in the Prison of Stirling.
	Nov. 12, 1850	M. R.	1	...	27	Theft by housebreaking and previous convictions.	Ditto	Ditto	April 12, 1850	Found to be insane, and not fit for trial, and to be detained in custody until further orders of Court.
	Nov. 10, 1853	R. H.	1	...	40	Theft and previous conviction.	Stirling	Sheriff-Court	Aug. 1, 1853	Imprisonment for six calendar months; insanity duly certified supervened while confined in the Prison of Stirling.
16. Wigtown	July 9, 1847	T. B.	1	...	25	Assault with intent to ravish.	Ayr	Circuit Court of Justiciary.	Sept. 15, 1843	Found to be insane, and not a fit subject of trial, and sentenced to be detained in custody until further orders of the High Court of Justiciary.
17. Zetland	Dec. 25, 1846	J. J., Junr.,	1	...	11	Several acts of assault.	Lerwick	Sheriff-Court	May 5, 1845	Found not to be a fit subject for trial, on account of imbecility and dumbness, and sentenced to be imprisoned until further orders of the Court, or of the High Court of Justiciary.
	Aug. 29, 1849	M. S.	...	1	52	Theft	Ditto	Ditto	May 10, 1849	Found to be insane, and not fit for trial, and sentenced to be detained in Prison subject to future orders of Court.
			24	10						

General Prison, Perth, 11th January 1854.

JA. STUART, *Gov.*

OF PRISONS IN SCOTLAND.

"At the close of the year 1854 we had under our consideration a communication from the Secretary of State Remitting for our opinion a memorial by the corporation of the Royal Edinburgh Asylum for the Insane, with a relative letter to the Secretary of State by the Lord Advocate. We found that the memorialists suggested removal of the criminal lunatics confined in the lunatic wing of the General Prison to a portion of their own premises which they desire to dispose of to the Government. We intimated to the Secretary of State that there was in our opinion no necessity for adopting these proposals".

No further mention is made of this offer or what really lay behind it, but 2 things stand out. Firstly, a spontaneous offer by a Hospital to take on the care of offender patients is certainly an unusual occurrence and further it is unclear why prison authorities were so firm in the rejection of the proposal. It could be speculated that the offer was made because of dissatisfaction over the quality of care given to offender patients at this time in the General Prison, but we can really only guess. Would it be mischievous to wonder whether this might have been an attempt at "empire building" by the psychiatrists of the capital city? It would be of interest to speculate how the course of forensic psychiatry might have proceeded in Scotland had the offer been accepted.

NEW LEGISLATION

During the next decade or so major mental health legislation for Scotland appeared in the Lunacy (Scotland) Acts of 1857, 1862 and 1871. This legislation remained in force for about 100 years with the Mental Deficiency and Lunacy (Scotland) Act 1913, introducing special provisions for defectives during this lengthy period. The legislation persisted after the Criminal Justice (Scotland) Act 1949 and was only finally replaced by the Mental Health (Scotland) Act 1960. The details are summarised in the section on legislation.

The introduction of these new Lunacy Acts (1857-71) co-incided also with major changes in the provision for offender patients at Perth and these provisions also persisted in a largely unchanged form for almost the next century and for this reason the details of the provisions will be described at some length even though the care of prison transfers was only a part of its function.

The Lunacy (Scotland) Act (1857) instituted the General Board of Commissioners in Lunacy for Scotland with a duty to superintend the daily running of asylums and to submit an annual report based on periodic visits. This First Report (1859) related to the first full year of the Board's authority 1858 and had many initial remarks to make about the system at that time in operation for care of criminal lunatics.

The Commissioners in Lunacy stated that they believed that a great deal more could be done in terms of treatment for the inmates of the "Criminal Lunatic Department", which a year or so earlier had changed its name from "Lunatic Hospital", in addition to merely containing and confining. They further stated that they considered that the distinction between

criminal insanity and other forms of mental aberration was entirely artificial. They expressed the opinion that belief in a link between insanity and crime was incorrect and that the physical proximity of the Criminal Lunatic Department with the General Prison perpetuated this erroneous belief. They considered that many of these criminal lunatics could be looked after perfectly satisfactorily and adequately in local asylums, but that because of the nature of the deeds which they had committed they would certainly have been unacceptable, in many cases, and they proposed the following solution "Instead of a Special Asylum for criminal lunatics, we would rather propose that special wards for their reception should be provided in connection with one of the district asylums. The chief advantage of this scheme should be the supervision and management of patients by an experienced medical superintendent and skilled attendants". They considered that a separate asylum for criminal lunatics did not require to be built because the number of such patients in Scotland did not exceed an average of about 30. The Commissioners in this First Report also criticised the confused and unclear boundaries of responsibility in that both the Board of Directors of Prisons and the Commissioners in Lunacy shared responsibility for the care of offender patients.

There is no way of knowing what effect such critical remarks would have had on Dr William Malcom, the Medical Officer of the General Prison who had been responsible for the Lunatic Hospital throughout the whole of its existence and as has been stated who was also the Physician Superintendent of the Murray Royal Hospital, since the Twenty-first Report of the Board of Directors of Prisons (1860) records that Dr Malcom died suddenly in 1858 before this First Report of the Commissioners in

Lunacy appeared. In view of the fact that the late Dr Malcom had been responsible for designing and managing the Lunatic Hospital and that no other such Hospital existed in Britain where a psychiatric facility of this kind was functioning within the confines of a prison, then his task clearly would have been far from easy. It seems somewhat uncharitable for the Commissioners in Lunacy to have given no credit for his having created the Lunatic Hospital in the General Prison, while in addition being responsible for the physical health of the prisoners in the General Prison and also continuing to have duties at the Murray Royal Hospital. From reading the reports of the period of Dr Malcom's office in the Lunatic Hospital, he comes across as being conscientious and energetic, and his contribution should not be disregarded.

Shortly before his death, Dr Malcom had gained the services of an assistant, Dr J B Thomson whose main duties were towards the physical needs of the prisoners and who appears to have had no specific psychiatric training, but who throughout his years in Perth developed a considerable interest in psychiatry and published several articles such as "The Psychology of Criminals (1870) in which he wrote:

"In the General Prison for Scotland I find, during the decennial period 1860-69 that one out of every 140 prisoners became insane .... if we consider that the same prisoners have been readmitted once at least, then the proportion becoming insane would be one in 70. The ratio of insanity among habitual convicts - the thieving class - especially females - is much more striking .... one insane in every 36 female convict class". A finding confirmed in modern times where the mental ill health of female prisoners as compared to their male counterpart has been described Gibbens (1971). Thomson continued to describe in

graphic terms the violent and disruptive behaviour of these insane prisoners and the way in which their insanity did not respond to treatment and tended to relapse frequently and described what he referred to as "the liability of criminals to excess insanity" (page 347).

Regarding provision for other patients, it should be noted that the 1857 Act gave no definitive powers to the Commissioners in Lunacy for mixing offender patients and non-offender patients despite their comments regarding the basic similarity of the 2 groups.

Under the Prisons (Scotland) Administration Act 1860 (23 and 24 Victoria Chapter 101) the General Board of Directors of Prisons in Scotland was abolished and replaced by the Managers of the General Prison and Local Prisons who nevertheless continued to prepare Annual Reports in the same way as before. It was stated (1861) in the Twenty Second Report that Managers of the General Prison would be composed of the following individuals: The Sheriff Principal of the County of Perth, the Inspector of Prisons for Scotland, the Crown Agent in Scotland and one other who could be appointed and removed by the Crown. Nowhere is it clearly stated why the Board of Directors was disbanded, but it is clear from the Prisons (Scotland) Amendment Act 1841 (2 and 3 Victoria Chapter 42) that even then the Directors were only intended to hold office until 1860.

The First Report of the new Managers (1862) contained considerable discussion about the Department for Criminal Lunatics, and indeed the space taken up in their Report was disproportionate to the size of the Department and the number of inmates contained. This pattern was seen repeatedly in subsequent reports, but there was little detail of any

specific psychiatric care; their concern mainly being directed to the types of inmates received and their disposal when they left. They considered that the present building was too small and it was proposed that the Department at that time used as the Juvenile Department of the General Prison should be converted into a new Criminal Lunatic Department, since these premises were considerably larger and a greater number of inmates could be contained. One cause of concern expressed by the Managers was the fact that a convicted prisoner becoming insane might be confined within the Lunatic Department throughout the time of his sentence, but on the expiry of his sentence would have to be released to his local asylum. This was considered to be unsatisfactory, and it was anticipated that there might be changes in the law with relation to this group. This legislation did appear in the Lunacy (Scotland) Act (1862), where it was stated that insane prisoners might on expiry of their sentence be detained in the General Prison, in the Criminal Lunatic Department rather than in a district asylum, and the prisoner could be so detained for as long as necessary. Previously this had not been possible. Further details of this are given in the section on legislation.

During their twice yearly visits to the Criminal Lunatic Department, the Commissioners recorded that they interviewed inmates who had grievances and that they did on occasion order the release of an inmate although it is not clear whether they did this against the wishes of the staff in the Department.

THE NATIONAL ESTABLISHMENT FOR CRIMINAL LUNATICS IN SCOTLAND

As recorded in the Fifth Annual Report (1866) this report also identified as the Twenty-seventh Report on Prisons, 12 January 1865 was an important date in the history of Scottish forensic psychiatry being the day on which the new premises for Criminal Lunatics were first occupied. The building had formerly been the Juvenile Department in the prison and remained in use for almost 100 years. There were places for 40 males and 18 females, all in separate rooms, and there was no contact between males and females or between the Establishment and the rest of the prison. From the report of the Commissioners in Lunacy for the few years preceding the opening of these new facilities (Fifth Report 1863; Sixth Report 1864; Seventh Report 1865) these Commissioners were involved in the design and planning. The Fifth Report expressed the hope that there would be opportunity for recreation and exercise and also expected that the population would increase following the new legislation mentioned above which would permit transferred prisoners to be kept after their sentence had expired.

The Sixth Report also predicted that the population would increase and commented that the numbers detained as Criminal Lunatics in Scotland were comparatively much fewer than those so detained in England and Ireland. The Seventh Report observed that restraint continued to be used to an extent which in an ordinary asylum would be considered unnecessary and hoped that the new accommodation would cause it to be used less. Unfortunately the report did not contain details of either the actual frequency of restraints or the form of restraints used nor did it emerge from later reports whether the hoped for reduction in its use did occur.

The Managers in their Fifth Report (1866) expressed their thanks to the Commissioners in Lunacy for their advice in designing the new Department and must have hoped that the previous criticisms would be answered. They stated with some pride that although external security was of a high standard the interior was "no more penal in character than any ordinary well constructed asylum for the insane". A copy of the list of patients contained during 1865 is shown in Figure IV (Manager's Fifth Report 1866) showed the very high proportion of mental disorder, the serious nature of the charges in many cases and apparently 17 transferred prisoners, the case of number 30 being rather unclear.

This new facility was referred to initially as the National Establishment for Criminal Lunatics in Scotland but after a few years it reverted to its former and more convenient title of the Criminal Lunatic Department.

The Lunacy (Scotland) Act (1862), previously mentioned, enabled further prison transfers by permitting prisoners serving sentences of less than 9 months to be sent to the General Prison at Perth (Section 22). This meant that a prisoner serving a short sentence who became insane and was considered to be a danger could be transferred to the Establishment at Perth and could remain there after the expiry of his sentence. Previously prisoners in local prisons serving short sentences could only go to local asylums and this new provision could be seen as not just a means of increasing transfers but also as a means of increasing the range of patients who could be admitted. The popularity or at least the need for the transfer of prisoners is clear from reference to the Sixth Prisons Report (1867) which stated that of the 8 admissions during 1866, 7 were transfers after conviction.

Return by the Governor of the General Prison at Perth, applicable to those Prisoners who have been confined in the Department for Criminal Lunatics during the year 1

	M.	F.	TOTAL.
Insane in Custody at 31st December 1865,	25	11	36
Admitted during 1865,	11	4	15
Total during 1865,	36	15	51
Liberated and removed in 1865,	4	1	5
Remaining in Custody at 31st December 1865,	32	14	46

	C/n.	Name.	Age on committal to Prison. M.	Age on committal to Prison. F.	Whence brought.	Brought to Lunatic Department.	Afterwards transferred to Lunatic Department.	Date of Admission to Lunatic Department.	Offence of which Accused or Convicted.	By what Court Tried.	Judgment of Court or other Judicial proceeding, with Date.	Whether admitted on Judicial Finding or Medical Certificate of Lunacy.	Form of Insanity.	Removed during the year. Date.	Removed during the year. Method.	REMARKS.
1	316/5	J. J., Jr.	11	...	Royal Lunatic Asylum, Glasgow.	1	...	Dec. 25, 1846	Assault .	Sheriff Court, Lerwick.	Found not to be a fit subject for trial on account of imbecility and dumbness, and sentenced to imprisonment until further orders of the Court, or of the High Court of Justiciary, 5th May 1845.	Judicial Finding.	Idiocy .	.....	.....	*Naturaliter Idiota*; Mischievous, dan Offences:— Pushed two children Lerwick Pier, and assaulted children, striking them sever
2	95/6	T. M'K.	37	...	Royal Lunatic Asylum, Dundee.	1	...	May 4, 1847	Murder . .	Circuit Court, Glasgow.	On trial, found to be insane, and not an object of punishment, and sentenced to be detained in Prison all the days of his life, or until sufficient caution be found for his safe keeping in custody during life, 6th May 1839.	Do.	Homicidal Mania.	.....	.....	dangerous, suddenly rushes at pe strikes, and kicks; is filthy. Had hallucinations; never had p tervals; murdered his own c save her from imaginary perse
3	111/6	A. R.	30	...	Do.	1	...	... ...	Assault . .	Sheriff Court, Stirling.	Found to be insane and not a fit subject for trial, and sentenced to be detained in Prison, subject to future orders of Court, 26th May 1841.	Do.	Mania.	.....	.....	Has delusions about his being a personage; has scarcely ever heard to speak for years.
4	159/6	T. B.	25	...	Dumfries Asylum.	1	...	July 9, ...	Assault with intent to ravish.	Circuit Court of Justiciary, Ayr.	Found to be insane and not a fit subject of trial, and sentenced to be detained in custody until further orders of the High Court of Justiciary, 15th September 1843.	Do.	Do.	.....	.....	Mischievous; suddenly rushes upo sons, strikes and kicks; sometim and moody.
5	242/6	M. P.	...	34	Morningside Lunatic Asylum.	1	...	Sept. 23, ...	Wilful fire-raising and malicious mischief.	Circuit Court of Justiciary, Jedburgh.	Found to be unfit for trial from the state of her mind, and to be detained in Prison until further orders of the High Court of Justiciary, 4th April 1842.	Do.	Do.	.....	.....	Quiet and harmless.
6	171/9	J. D.	28	...	Dumbarton Prison.	1	...	June 15, 1850	Assault, with intent to rob	Sheriff Court, Dumbarton.	Found to be insane and not fit for trial, and ordered to be detained in Prison until removed therefrom by competent authority, 7th June 1850.	Do.	Mania .	.....	.....	Harmless; filthy.
7	172/9	W. K.	22	...	Perth County Prison.	1	...	... 18, ...	Murder . .	Circuit Court, Perth.	Found not in a fit state to be put on his trial, and the diet deserted *pro loco et tempore*, and grants warrant to commit him to the Prison of Perth, therein to be detained until further orders of the Court of Justiciary regarding him, 26th Sept. 1850.	Do.	Homicidal Mania	.....	.....	*Naturaliter Idiota*; was confin natic Wing untried from until brought before the Circ Dangerous; makes sudden at persons.
8	310/	M. R.	27	...	Stirling Prison.	1	...	Nov. 12, ...	Theft by house-breaking and previous conviction.	Circuit Court, Stirling.	Found to be insane and not fit for trial, and to be detained in Prison until further orders of Court, 12th April 1850.	Do.	Mania .	.....	.....	Quiet and harmless.

Return by the Resident Surgeon, applicable to those Prisoners who have been confined in the Department for Criminal Lunatics—*continued.*

	Name.	Age on committal to Prison. M.	Age on committal to Prison. F.	Whence brought.	Brought to Lunatic Department.	Afterwards transferred to Lunatic Department.	Date of Admission to Lunatic Department.	Offence of which accused or convicted.	By what Court tried.	Judgment of Court or other Judicial proceeding, with Date.	Whether admitted on Judicial Finding or Medical Certificate of Lunacy.	Form of Insanity.	Removed during the year. Date.	Removed during the year. Method.	REMARKS.
9	1850 R. B. or M.	...	30	Edinburgh Prison.	1	...	Mar. 14, 1851	Assault . .	High Court of Justiciary, Edinburgh.	Found to be insane and not a proper object of trial, and ordered to be detained in Prison until further orders of Court, 12th March 1851.	Judicial Finding.	Mania.	....	.....	Subject to fits of passion; very incoherent.
10	1852 I. B.	...	50	Perth County Prison.	1	...	May 14, 1852	Murder .	Circuit Court of Justiciary, Perth.	On trial, found to have been insane at the time of committing the offence, and not an object of punishment, and adjudged to be detained in Prison all her life, or at least until further orders of Court, 29th April 1852.	Do.	Homicidal Mania.	.....	.....	Murdered her mother; is a hypochondriacal and ill-tempered woman.
11	1853 J. D. S.	21	...	Glasgow Prison.	1	...	Mar. 18, 1853	Murder. .	Circuit Court of Justiciary, Glasgow.	Death, but commuted to transportation for life, on account of insanity, 4th January 1853.	Medical Certificate.	Do.	.....	.....	Dangerous, and filthy in his habits; much exhausted in his system.
12	1854 H. M'N.	27	...	Ayr Prison.	1	...	July 22, 1854	Rape. .	Circuit Court, Ayr.	Found to be insane, and not fit for trial, and adjudged to be imprisoned until further orders of the Court of Justiciary, 18th April 1854.	Judicial Finding.	Mania.	.....	.....	Of disgusting habits and conversation.
13	1855 W. G. T.	35	...	Perth County Prison.	1	...	Oct. 13, 1855	Assault to the effusion of blood and serious injury of the person	Circuit Court of Justiciary, Perth.	Found, from the state of his intellect, not a proper object for trial, and to be detained in Prison subject to the future orders of the High Court, 2d October 1855.	Do.	Idiocy.	.....	.....	*Naturaliter Idiota.*
14	1856 M. F. or M'L.	...	28	Glasgow Prison.	1	...	July 15, 1856	Murder .	Circuit Court of Justiciary, Glasgow.	Found to have been insane at the time of committing the act charged, and not a proper object of punishment, and adjudged to be detained in Prison subject to the future orders of the High Court of Justiciary, 2d May 1856.	Do.	Homicidal Mania.	.....	.....	In the puerperal state, and, under of jealousy, destroyed her child.
15	1857 H. S.	27	...	Edinburgh Prison.	1	...	Feb. 19, 1857	Murder .	High Court of Justiciary, Edinburgh.	Found to be insane, and not fit for trial, and ordered to be detained in the General Prison at Perth, subject to future orders of the Court, 16th February 1857.	Do.	Do.	.....	.....	When in the Greenock poorhouse, dered one of the paupers; dange and attacks persons suddenly.
16	1857 A. M'P.	26	...	Inverness Prison.	1	...	Dec. 21, 1857	Murder .	Circuit Court of Justiciary, Inverness.	Found to be insane at the time he committed the act, and adjudged to be detained in Prison, subject to future orders of the High Court of Justiciary, 30th September 1857.	Do.	Do.	.....	.....	Under delusions; murdered three sons, his father, mother, and aunt, night. Has had repeated hom impulses.
17	1857 D. C.	37	...	Perth County Prison.	1	...	July 30, 1858	Murder .	Circuit Court of Justiciary, Perth.	Found to be insane, and not fit for trial; and ordered to be kept in custody until her Majesty's pleasure be known, 7th October 1858.	Do.	Do.	.....	.....	Has delusions that he is visited by and evil spirits; also by the Three sons in the Godhead. Irritable, sionate, proud.
17	1857 F. A. S. or F. or T. or T.	39	...	Edinburgh Prison.	1	...	Aug. 14, 1858	Murder .	High Court of Justiciary, Edinburgh	Found to be insane and not fit for trial, and ordered to be kept in custody until her Majesty's pleasure be known, 19th July 1858.	Do.	Do.	.....	.....	Has delusions that poison has away his brain and stomach; ruin
18	1858 A. M.	23	...	Perth County Prison.	1	...	Feb. 22, 1859	Murder .	High Court of Justiciary.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 16th Nov. 1858.	Do.	Do.	.....	.....	Certified insane on admission; ha shown no mental disorder or def here. On the 30th Jan 1861 w tified as sane, and, on the Author the Prison Managers, was transf to Main Prison on 5th March and put to prison service. Return Lunatic Department proper on the December 1862.

	C. M'K.	...	21	Glasgow Prison.	...	1	Dec. 20, ...	Theft and previous conviction.	Circuit Court, Glasgow.	15 years' transportation, 8th Jan. 1856,	Medical Certificate.	Mania.	.....	.....	Admitted to Main Prison, March 19, [illegible], May 7, 1862; sent to Imbecile [illegible] opening in Aug. 1859. Has to be [illegible] person and rats in her cell. Violent [illegible] and strikes. Formerly in Brixton and [illegible]
	I. S.	...	21	Edinburgh Prison.	...	1	Sept. 8, 1860	Theft and previous conviction	High Court of Justiciary.	8 years' penal servitude, 14th Feb. 1859,	Do.	Do.	Nov. 28, 1865	.....	On admission imbecile, and sent to Imbecile Ward; was formerly in [illegible] three years in an asylum. Became insane, with a suicidal ten[illegible] Sent to Imbecile Ward. Re[illegible]
	E. P. or M	...	35	Stirling Prison.	1	...	Oct. 25, ...	Murder.	Circuit Court, Stirling.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 21st Sept. 1860.	Judicial finding.	Homicidal mania.	.....	.....	She was found insane by a jury. [illegible] delusion was that she and her family [illegible] to be burned in the Poorhouse [illegible] ling, and to avert this fate she herself and two of her children [illegible] the canal at Falkirk; one of the [illegible] dren was drowned. Reported [illegible] July 1862. Has again become [illegible]
	R. A. H.	...	27	Edinburgh Prison.	...	1	May 4, 1861	Theft and previous conviction.	High Court of Justiciary.	8 years' penal servitude, 4th Feb. 1861.	Medical Certificate.	Mania.	.....	.....	R. A. H. was here formerly a [illegible] under sentence of 4 years' penal [illegible] tude; always regarded as of [illegible] mind; re-admitted weak-minded [illegible] violent. Insane delusions, soon [illegible] re-admission, took possession [illegible] mind, that strange beings visited [illegible] her cell and tormented her. [illegible] came noisy, turbulent, and incoh[illegible]
	M. M'K. or M'G.	...	28	Perth Prison.	1	..	May 24, ...	Murder.	Circuit Court, Perth.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 26th April 1861.	Judicial finding.	Homicidal Mania.	.....	.....	Murdered her own boy, 4 years of [illegible] attempted suicide under religious [illegible] citement after attending revival [illegible] ings. Reported as sane, 8th July [illegible]
	W. C.	46	...	Ditto.	1	...	April 15, 1862	Murder.	High Court of Justiciary.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 10th March 1862.	Do.	Do.	.....	.....	Still insane; talks of the per[illegible] murdered as alive; obscene in [illegible] duct.
	R. P.	35	...	Glasgow Prison.	1	...	June 26, ...	Murder.	Circuit Court, Glasgow.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 26th Sept. 1861.	Do.	Do.	.....	.....	This man was admitted June 26, [illegible] and since that time has shown no [illegible] toms of insanity. He murdered [illegible] own child under a fit of mania [illegible] quent upon habits of intemp[illegible] Certified sane, 18th November [illegible]
	H. S., Jun.	30	...	Fort-Charlotte.	1	...	Nov. 19, ...	Assault.	Sheriff Court, Lerwick.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 14th Oct. 1862.	Do.	Mania.	.....	.....	This man's certificate bears that he [illegible] lieves in witchcraft, and that he [illegible] cure diseases by transferring the [illegible] himself.
	T. D.	40	...	Glasgow Prison.	1	...	Jan. 7, 1863.	Assault with intent to ravish.	Circuit Court, Glasgow.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 23d December 1862.	Do.	Epileptic Mania.	.....	.....	On admission reported to have [illegible] epilepsy, succeeded by maniacal [illegible] citement at different times; also [illegible] he held delusions. Since his [illegible] sion he has had epileptic attacks [illegible] in January made assaults upon [illegible] persons of fellow-prisoners.
	C. C.	...	30	Glasgow Prison.	...	1	Oct. 12, ...	Theft and previous conviction.	Circuit Court, Glasgow.	6 years' penal servitude, 27th Dec. 1861.	Medical Certificate.	Mania.	.....	.....	This prisoner was here formerly a convict [illegible] insane. After 4 years' penal servitude [illegible] liberated of imbecile mind, and soon [illegible] confined in an Asylum. She was re[illegible] imbecile and associated, continuing [illegible] same until 12th October 1863, when [illegible] violent and incoherent, and was certi[illegible]
	C. M'E.	30	...	Glasgow Prison.	...	1	April 9, 1864	Theft and previous conviction.	Circuit Court, Glasgow.	4 years' penal servitude, 21st Dec. 1863.	Do.	Do.	.....	.....	This man was here formerly, and after [illegible] sent to the Prison of Stirling, where [illegible] and thence committed as insane to [illegible] Asylum. When re-admitted here he was [illegible] but placed under special observation; [illegible] discovered the delusions about heaven [illegible] which belonged to his former attacks of [illegible] These he still holds

Return by Resident Surgeon, applicable to those Prisoners who have been confined in the Department for Criminal Lunatics—*continued*.

No.	C/n.	Name.	Age on committal to Prison. M.	Age on committal to Prison. F.	Whence brought.	Brought to Lunatic Department.	Afterwards transferred to Lunatic Department.	Date of Admission to Lunatic Department.	Offence of which accused or convicted.	By what Court tried.	Judgment of Court or other Judicial proceeding, with Date.	Whether admitted on Judicial Finding or Medical Certificate of Lunacy.	Form of Insanity.	Removed during the year. Date.	Removed during the year. Method.	REMARKS.
31	123/23	J. M. or M. or M.	31	...	Edinburgh Prison.	1	...	April 11, 1864	Murder and Assault.	High Court of Justiciary, Edinburgh.	Found insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 6th April 1864.	Judicial finding.	Homicidal mania.	9th March 1865.	.....	Sent to Edinburgh Prison by warra of Secretary of State.
32	229 23	T. A.	55	...	Alloa Prison.	1	...	June 11, ...	Murder.	Ditto.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 6th June 1864.	Do.	Do.	.....	.....	Murdered a boy under the delusion t he was an emissary of the Free Chu sent to injure him. Still holds de sions about his being persecuted by t Free Church.
33	41 22?	A. M'I.	16	...	Edinburgh Prison.	...	1	July 21, ...	Theft and previous conviction.	Sheriff-Court, Edinburgh.	18 months' imprisonment, 1st Oct. 1863.	Medical Certificate.	Mania.	3d March 1865.	.....	Sent to Imbecile Ward recov Liberated on 1st April 1865.
34	375/23	J. S. L.	20	...	Glasgow Prison.	1	...	Oct. 7, ...	Murder.	Circuit Court, Glasgow.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 21st Sept. 1864.	Judicial finding.	Homicidal mania.	.....	.....	This man has no peculiar delusion quiet, but almost fatuous. There strong hereditary predisposition to sanity, and from the evidence at t trial, the patient had been ill before he committed the mur charged. He cut his brother's thro with a razor.
35	461/23	A. W. or M'K.	...	24	Inveraray Prison.	1	...	Nov. 26, ...	Assault.	Sheriff-Court, Inverary.	Found to have been insane, and ordered to be kept in custody until Her Majesty's pleasure be known, 30th August 1864.	Do.	Mania.	.....	.....	Her medical certificate bears that is subject to insanity monthly, w she gets nervous and excited.
36	471/23	J. M'G. or G.	19	...	Greenlaw Prison.	1	...	Dec. 9, ...	Fire-raising.	Sheriff-Court, Greenlaw.	6 months' imprisonment, 27th Oct. 1864. (Detained on expiry by Secretary of State's Warrant, dated 31st March 1865.)	Medical Certificate.	Dementia.	.....	.....	Became insane after conviction, and removed from Greenlaw Prison Managers' authority, in terms of 2 26 Vict. c. 54, sect. 22; restless, mischievous, and dangerous.
37	485, 23	M. M'L.	24	...	General Prison, Penal Department.	...	1	Mar. 3, 1865.	Theft and previous conviction.	High Court of Justiciary, Edinburgh.	7 years' penal servitude, 12th December 1864.	Do.	Mania.	.....	.....	Soon after admission his mind ran to religious delusions, and on 14th J uary was sent to Imbecile Ward, wh he became worse; he has delus about good and evil spirits visiting
38	272/23	R. W. C. or C.	25	...	General Prison, Penal Department.	...	1	... 10, ...	Theft by house-breaking.	Circuit Court, Perth.	10 years' penal servitude, 5th May 1864.	Do.	Do.	.....	.....	On 10th February, became excited delusions, and a suicidal tend He has lucid intervals, but is and holds delusions about the appearing to him.
39	33/24	A. C.	...	32	General Prison, Penal Department.	...	1	... 15, ...	Theft and previous conviction.	High Court of Justiciary.	4 years' penal servitude, 20th June 1864.	Do.	Do.	.....	...t..	On admission from Ayr, reported subject to fits of mental excite with great violence of l anger divers delusions. She has since quiet, but is fully worse than mission. She was here formerly.
40	152/24	M. C. or B.	...	32	Ayr Prison.	1	...	April 29, ...	Murder.	Circuit Court, Ayr.	Insane at time of offence. H. M.'s pleasure, 19th April 1865.	Judicial finding.	Do.	.....	.....	This woman has been same mor sion—she threw her child into a where it was drowned and she also attempted suicide. There is hered insanity, which has appeared in members of the family. Reported since admission, 30th August 1865.

				Prison.					Inverary.	19th April 1865.	finding.				hatchet and killed his son [illegible] to strike his wife with the weapon, and for a time [illegible] defied all about him. He is in a demented state.
[illegible]	197/24	A. M'A.	30	...	General Prison, Penal Department.	...	1	May 6, ...	Theft by house-breaking and sheep-stealing.	Circuit Court, Inverary.	5 years' penal servitude, 14th October 1864.	Medical Certificate.	Mania.	26th July 1865.	Sent to Imbecile Ward recovered.	On admission, this man's medical certificate stated that he had suffered temporary insanity. He was well admission, and in May had a re of temporary insanity, from which completely recovered; but was ciated in the Imbecile Ward. Rem to Public Works, 9th Oct. 1865.
43	173/24	A. T.	45	...	Greenlaw Pron.	1	...	... 13, ...	Murder.	Circuit Court, Jedburgh.	Insane at time of offence. Her Majesty's pleasure, 4th May 1865.	Judicial finding.	Do.	.....	.....	This man has been sane since admi He killed his wife with an iron p tongs, and earthen jug, and went told what he had done. His mad was consequent upon a long cour excessive drinking.
44	266/24	G. S.	62	...	Aberdeen Prison.	1	...	June 8, ...	Murder.	Circuit Court, Aberdeen.	Death, but commuted to penal servitude for life, 19th April 1865.	Medical Certificate.	Epileptic Mania.	.....	.....	After a series of misfortunes, ha epileptic seizure, made an assign with a female friend in a wood with an axe murdered her. He quite calm after the act. He was here certified insane.
45	116/23	J. W.	27	...	General Prison, Penal Department.	...	1	June 30, ...	Assault, with intent to ravish, and previous conviction of assault.	Circuit Court, Jedburgh.	18 months' imprisonment, 19th April 1864, (Detained by Secretary of State's Warrant, dated 11th October 1865.)	Do.	Mania.	.....	.....	Was here formerly. He has va delusions that he is untried, has free pardon, and discovered a w pay the national debt off; del after expiry of sentence on the g of being twice committed for a with intent to ravish, in terms and 26 Vict. c. 54, sect. 22.
46	193/24	P. M'G.	28	...	General Prison, Penal Department.	...	1	July 8, ...	Assault, with great effusion of blood and danger to life.	Circuit Court, Glasgow.	12 months' imprisonment, 4th May 1865.	Do.	Do.	.....	.....	On admission, weak minded; be violent, dangerous, and incoherent
[illegible]	29/25	D. M'C.	22	...	General Prison, Penal Department.	...	1	Sept. 13, ...	Assault with intent to ravish.	Circuit Court, Jedburgh.	12 months' imprisonment, 20th Sept. 1864.	Do.	Monomania	18th Sept. 1865.	.....	Removed to Greenlaw Prison pri expiry of sentence, to be dealt wi the authorities.
48	208/24	W. M'D.	48	...	Dunfermline Prison.	1	...	Oct. 3, ...	Assault by discharging loaded fire-arms with intent to kill.	Circuit Court, Perth.	Lunacy in bar of trial. H. M.'s pleasure, 15th Sept. 1865.	Judicial finding.	Homicidal Mania.	.....	.....	After frequently threatening shot man with a pistol. W. D. had for time gone about with a pistol, said, to shoot thieves. He seem have watched the person he sh with intent to kill him, which he
49	103 25	M. D.	...	30	General Prison, Penal Department.	...	1	Oct. 28, ...	Theft and previous conviction.	Circuit Court, Glasgow.	4 years' penal servitude, 22d December 1863.	Medical Certificate.	Mania.	.....	.....	Was here formerly a Convict in health, phthisical, and with disease, became suddenly violent incoherent, refusing food. She covering from the temporary in and now in the Sick Hospital, Prison.
[illegible]	[illegible]/24	A. C. or T.	...	44	General Prison, Penal Department.	...	1	Oct. 31, ...	Theft and previous conviction.	Circuit Court, Perth.	7 years' penal servitude, 28th September 1864.	Do.	Do.	.....	.....	Has been frequently insane, and sent from Ayr insane. She was formerly a Convict.
51	309/24	J. H.	27	...	Edinburgh Prison.	1	...	Dec. 4, ...	Murder.	High Court, Edinburgh.	Lunacy in bar of trial. Her Majesty's pleasure, 27th November 1865.	Judicial finding.	Dementia.	.....	.....	With an iron bar which he had come he killed his mother and sister.

General Prison, Perth, 19th January 1866.

J. B. THOMSON, *Resident Surgeon.*

Despite the recently opened Establishment at Perth, the accommodation there very quickly became insufficient. In 1870 it appeared in the Tenth Prisons Report that it was considered that increased accommodation should be provided in view of the number of patients, and Government must have been well aware of the short comings because as described in the section on legislation, in terms of Section 4 of the Criminal and Dangerous Lunatic (Scotland) Act 1871 it was enacted that "to relieve the Lunatic Department of the General Prison from overcrowding it shall be lawful for the Secretary of State to order an insane prisoner contained in that Department to be transferred to a local asylum provided 2 doctors have certified that although he is insane he does not require to be necessarily kept in the Lunatic Department at Perth". What the legislation appears to have been unaware of was the fact that presumably a doctor in the local asylum would have to offer a bed and without this, the Act could not be enforced. Although there was a peremptory tone in the legislation, it does not appear that a real attempt was made to coerce the doctor in the local asylum and certainly the problems of overcrowding in the Lunatic Department were not prevented. This same Act also stated (Section 6) that prisoners who become insane in local prisons could be ordered by a Sheriff to be admitted to a local asylum provided that there were 2 medical reports to this effect, but again presumably the hospital in question had also to agree. Greater detail of these powers is given in the section on legislation.

THE CRIMINAL LUNATIC DEPARTMENT

The National Establishment for Criminal Lunatics was referred to from the early 1870's onwards as the Criminal Lunatic Department (CLD) and the managers of the General Prison were replaced under the terms of the Prisons (Scotland) Act (1877), (40 and 41 Victoria, Chapter 53) by the Prison Commissioners for Scotland who had responsibility for all local prisons as well as the General Prison. Their Annual Reports continued in a similar form. Despite the fact that transfers could be made to both local asylums and the Criminal Lunatic Department. The writers of this Act (1877) also felt it necessary to insert Section 52 enforcing a Governor to report without delay any case of insanity or apparent insanity occurring among prisoners. The section was probably in response to the continuing concern which was being expressed about the accommodation in the CLD. Since the Commissioners in Lunacy commented in their Twentieth Report (1878) that either more buildings should be constructed to enlarge the CLD or else it would have to move to another site and they also reported that frequently the CLD contained more than 58 inmates for which it was designated and, were it not for the number of conditional discharges to the community which were being arranged, then the overcrowding would have been even more serious.

This continuing overcrowding of the CLD resulted in a new wing for females being built and opened in 1881 (Forty-third Annual Report 1882). This had places for 32 females leaving the whole of the existing buildings, with places for 58, for the containment of males. The following year the first full time medical superintendent was appointed to the CLD as part of the process whereby the Department attempted to evolve to

become similar to asylums of the time elsewhere (Forty Fourth Annual Report 1883). Previously the superintendent had not been medically qualified and medical care was provided by a visiting doctor, Dr McNaughton the first incumbment of the new post appears to have been an innovative and energetic figure during his lengthy term of office and by increasing the occupational and recreational diversions for patients as well as improving on the quality of care he was able to reduce considerably the degree to which physical restraints were necessary.

The report for 1889 by the Prison Commissioners (Fifty First Annual Report on Prisons in Scotland) was typical of the period and contained generally favourable remarks about the quality of psychiatric care being given at the CLD. The whole department was recorded as then having accommodation for 59 males and 37 females, but was not at that time overcrowded having a daily average of 47 males and 13 females in that year and not having had figures in excess of 63 total (43 males and 20 females) at any time during its history to that date. There appeared in this report a table of number of inmates compared to national population. The total number of prisoners was about half of today's figure and the CLD population was one-fifth that of the State Hospital, Carstairs, while the national population in 1889/90 was only slightly less than today. This deserves to be noted. A list of all patients in the CLD in this year was not given buts lists of admissions and discharges did appear as shown in Figure V (Fifty-First Report on Prisons 1889). It will be seen that prison transfers feature in both groups and that of the 4 admissions by transfer throughout the year, 3 were discharged back to local prisons for disposal by the local authorities. Of the 4 others

No. XXIII.—Return of Prisoners admitted to the Department for Criminal Lunatics during the year ended 31st March 1890.

No.	C/n.	Name.	Age on committal to Prison. M.	Age on committal to Prison. F.	Whence brought.	Brought to Lunatic Department.	Afterwards transferred to Lunatic Department.	Date of Admission to Lunatic Department.	Offence of which Accused or Convicted.	County where Offence libelled.	By what Court tried.	Judgment of Court or other Judicial Proceeding, with Date.	Whether admitted on Judicial Finding or Medical Certificate of Lunacy.	Form of Insanity.	Removed during the Year. Date.	Removed during the Year. Method.	REMARKS.
1	12/33	F. M'D.	31	...	Dunfermline.	1	...	April 9, 1889.	Malicious Mischief.	Fife.	Sheriff Court, Dunfermline.	10 days, or £1, 8th April 1889.	.....	.....	18th April 1889.	Commissioners' Authority.	Removed to Dunfermline Police Cells Insane for disposal by Local Authorities.
2	12/90	J. R.	48	...	Edinburgh Prison.	1	...	April 29, ...	Accused of Murder.	Forfar.	High Court, Edinburgh.	Insanity in bar of trial. Her Majesty's pleasure, 29th April 1889.	Judicial Finding.	Mania.	.....	.....	
3	12/289	J. O.	27	...	Do.	1	...	June 18, ...	Accused of Con. of Criminal Law Amendment Act, 1885. Section 11.	Berwick.	Sheriff Court, Duns.	Insanity in bar of trial. Her Majesty's pleasure, 14th June 1889.	Do.	.....	Oct. 23, 1889.	Secretary for Scotland's Warrant.	Removed to Melrose District Asylum.
4	12/433	R. A. P.	16	...	Do.	1	...	July 18, ...	Accused of wilful fire-raising.	Edinburgh.	High Court, Edinburgh.	Insanity in bar of trial. Her Majesty's pleasure, 15th July 1889.	Do.	Imbecility.	.....	.....	
5	12/700	T. C.	31	...	Barlinnie Prison.	1	...	Sept. 27, ...	Theft by H. B.	Dumbarton.	Sheriff Court, Dumbarton.	60 days, 6th September 1889.	.....	.....	Nov. 4, 1889.	Transferred to Penal Department.	Certified Sane.
6	12/313	A. L. or P.	...	49	Cupar	1	...	Oct. 1, ...	Murder.	Fife.	Circuit Court, Perth.	Insane at time of offence. Her Majesty's pleasure, 22d April 1872.	Judicial Finding.	Not Insane.	.....	.....	Conditionally liberated, 11th March 1885; recommitted 1st October 1889.
7	12/758	J. D.	17	...	Portland Convict Prison.	1	...	Oct. 8, ...	Assault and Robbery and previous conviction of theft.	Lanark.	Circuit Court, Glasgow.	7 years' penal servitude, 30th June 1887.	Medical Certificate.	Melancholia with Stupor.	.....	.....	
8	12/907	J. C.	41	...	Edinburgh Prison.	1	...	Nov. 15, ...	Accused of Assault.	Edinburgh.	Sheriff Court, Edinburgh.	Insanity in bar of trial. Her Majesty's pleasure, 14th November 1889.	Judicial Finding.	Mania.	.....	.....	
9	12/950	J. G.	63	...	Do.	1	...	Nov. 26, ...	Accused of Theft, and previous convictions of theft.	Do.	High Court, Edinburgh.	Insanity in bar of trial. Her Majesty's pleasure, 18th November 1889.	Do.	Dementia.	.....	.....	
10	12/996	J. M'K.	24	...	Barlinnie Prison.	1	...	Dec. 11, ...	Malicious Mischief, and previous convictions.	Lanark.	Sheriff Court, Hamilton.	60 days' imprisonment, 29th November 1889.	.....	.....	Jan. 28, 1890.	Commissioners' Authority.	Removed to Glasgow Prison Insane for disposal by Local Authorities.
11	12/1033	J. G.	29	...	Glasgow Prison.	1	...	Dec. 30, ...	Murder.	Do.	High Court, Glasgow.	Insane at time of offence. Her Majesty's pleasure, 27th December 1889.	Judicial Finding.	Mania.	.....	.....	
12	12/1034	J. M.	32	...	Do.	1	...	Dec. 30, ...	Murder.	Do.	Do.	Insane at time of offence. Her Majesty's pleasure, 27th December 1889.	Do.	Do.	.....	.....	
13	12/1112	J. H. N.	45	...	Edinburgh	1	...	Jan. 16, 1890.	Accused of Theft, and previous conviction.	Edinburgh.	Sheriff Court, Edinburgh.	Insanity in bar of trial. Her Majesty's pleasure, 16th January 1890.	Do.	Dementia.	.....	.....	
14	12/1135	G. G.	30	...	Aberdeen Prison.	1	...	Jan. 25, ...	Accused of discharging fire-arms, and placing obstruction on railway line.	Aberdeen.	High Court, Aberdeen.	Insanity in bar of trial. Her Majesty's pleasure, 21st January 1890.	Do.	Mania.	.....	.....	
15	12/539	E. S. or C.	...	44	Perth.	1	...	Mar. 1, ...	Murder.	Edinburgh.	High Court, Edinburgh.	Insane at time of offence. Her Majesty's pleasure, 19th June 1871.	Do.	Not insane.	.....	.....	Conditionally liberated, 25th January 1888; recommitted 1st March 1890.

JOHN M'NAUGHTAN, M.D., *Medical Supt.*

No. XXIV.—Return of Prisoners who have been discharged from, or died in the Department for Criminal Lunatics during the year ended 31st March 1890.

No.	C/n.	Name.	Age on committal to Prison. M.	Age on committal to Prison. F.	Whence brought.	Brought to Lunatic Department.	Afterwards transferred to Lunatic Department.	Date of Admission to Lunatic Department.	Offence of which Accused or Convicted.	County where Offence libelled.	By what Court tried.	Judgment of Court or other Judicial Proceeding, with Date.	Whether admitted on Judicial Finding or Medical Certificate of Lunacy.	Form of Insanity.	Removed. Date.	Removed. Method.	REMARKS.
1	9/185	J. S.	40	...	Woking Prison.	1	...	June 16, 1886.	Theft by housebreaking and previous conviction of theft.	Argyll.	Circuit Court, Inveraray.	14 years' penal servitude, 12th September 1876.	Medical Certificate.	Dementia.	Apr. 10, 1889.	Died.	
2	12/33	F. M'D.	31	...	Dunfermline.	1	...	Apr. 9, 1889.	Malicious mischief.	Fife.	Sheriff Court, Dunfermline.	10 days or £1, 8th April 1889.	Do.	.....	Apr. 18, 1889.	Commissioners' Authority.	Removed to Dunfermline Police Cells for disposal by Local Authorities.
3	9/474	T. L.	19	...	Penal Department.	...	1	Sept. 30, 1886.	Rape, also assault, with intent to ravish on a girl under age of puberty.	Forfar.	Circuit Court, Dundee.	5 years' penal servitude, 8th September 1886.	Do.	Imbecility.	May 29, 1889.	.....	Transferred to Penal Department, having been certified sane.
4	284/19	E. P. or M.	...	35	Stirling Prison.	1	...	Oct. 25, 1860.	Murder.	Stirling.	Circuit Court, Stirling.	Insane at time of offence. Her Majesty's pleasure, 21st September 1860.	Judicial Finding.	Mania.	July 15, 1889.	Died.	
5	11/1142	J M'A.	38	...	Barlinnie General Prison.	1	...	Dec. 14, 1888.	Con. of Act 10 George IV. Chap. 38 § 2; Assault by discharging fire-arms.	Lanark.	High Court, Glasgow.	18 months' imprisonment, 29th February 1888.	Medical Certificate.	Do.	Aug. 29, 1889.	Commissioners' Authority.	Removed to Glasgow Prison for disposal by Local Authorities.
6	8/159	J. C.	35	...	Woking Prison.	1	...	May 9, 1885.	Culpable homicide.	Inverness.	Circuit Court, Inveraray.	5 years' penal servitude, 9th September 1884.	Do.	Dementia.	Sept. 9, 1889.	Do.	Removed to Inverness Prison for disposal by Local Authorities.
7	11/1074	J. C.	40	...	Edinburgh Prison.	1	...	Nov. 26, 1888.	Theft and previous convictions.	Edinburgh.	Sheriff Court, Edinburgh.	12 months' imprisonment, 19th October 1888.	Do.	Mania.	Oct. 19, 1889.	Do.	Removed to Edinburgh Prison for disposal by Local Authorities.
8	12/289	J. O.	27	...	Do.	1	...	June 18, 1889.	Accused of Con. of Criminal Law Amendment Act, 1885 § 11.	Berwick.	Sheriff Court, Duns.	Insanity in bar of trial. Her Majesty's pleasure, 14th June 1889.	Judicial Finding.	.....	Oct. 23, 1889.	Secretary for Scotland's Warrant.	Removed to Melrose District Asylum
9	12/700	T. C.	31	...	Barlinnie General Prison.	1	...	Sept. 27, ...	Theft by housebreaking.	Dumbarton.	Sheriff Court, Dumbarton.	60 days, 6th September 1889.	Medical Certificate.	.....	Nov. 4, 1889.	Transferred to Penal Department.	Certified sane.
10	238/37	G. S.	23	...	Edinburgh Prison.	1	...	July 17, 1878.	Accused of libidinous practices.	Edinburgh.	Sheriff Court, Edinburgh.	Insane in bar of trial. Her Majesty's pleasure, 13th November 1876.	Judicial Finding.	Dementia.	Nov. 15, 1889.	Secretary for Scotland's Warrant.	Removed to Edinburgh Royal Asylum.
11	12,996	J. M'K.	24	...	Barlinnie General Prison.	1	...	Dec. 11, 1889.	Malicious mischief, and previous convictions.	Lanark.	Sheriff Court, Hamilton.	60 days, 29th November 1889.	Medical Certificate.	.....	Jan. 28, 1890.	Commissioners' Authority.	Removed to Glasgow Prison for disposal by Local Authorities.

JOHN M'NAUGHTAN, M.D., *Medical Supt.*

who had been admitted as transfers previous to March 1889, and who were discharged from the CLD during the year to March 1890, all of these also went to local prisons for disposal from there either at the time of the expiry of their sentence or before. This brisk through flow of patients probably indicated conscientious care and, indeed, under the lengthy period of Dr McNaughton's term of office until his retiral as medical superintendent in 1908, the CLD appears to have gone through a stable and settled period. The Prisons Commissioner's Report for 1909 shows that numbers in the department were remaining constant from year to year at about 50-60, while the prison population in total had risen along with the national population although the former by a greater proportion. The frequency of mental disorder among convicted prisoners was small and indeed 15 were certified, but only 4 were deemed to require the CLD which must be due to admission policy rather than pressure on accommodation, there having been vacancies constantly in the CLD. The reports only permit guarded speculation as to the clinical states which necessitated transfer but descriptions such as "delusional", "Paranoid" and "Acute mania" would tend to suggest that there was psychotic illness usually present, but in the same report of 1909 Dr James Sturrock who had succeeded Dr McNaughton wrote of a different groups of patients. "At present there are several inmates in the Department whose insanity is only determined in association with the tendancy of recent years to recognise as within the border line of insanity those peculiar forms of excessive irritability, impulsive conduct, destructiveness and other meaningless reactions to discipline which may be classified under some such term as Emotional Insanity, but which are extremely difficult to differentiate from exhibitions of ungovernable temper and some antisocial conducts". An eloquent

account of psychopathic patients described with sentiments which would indicate that Dr Sturrock did not favour having them in his Department.

The State Inebriate Reformatory, deserves comment even though it has no involvement with prison transfers. The short unsuccessful life of the facility is discussed by Willox (1967). Under the Inebriates Act (1898) reformatories were founded where drunkards could be detained for up to 3 years. It was believed that a spartan and sober period in custody would cure them of their intemperate habits but, of course, they drank as enthusiastically as ever as soon as they were released. If they were deemed criminal or dangerous detention could be in the State Inebriate Reformatory in Perth Prison. Numbers of females always exceeded numbers of males and after a few years of enthusiasm, the total worthlessness of the whole venture became apparent. Local reformatories had mostly closed within 10 years and the State Reformatory admitted no more males after 1905, although females were taken after that date, and closed permanently in 1923. Between 1901 and 1913 there were 162 admissions to the State Inebriate Reformatory - 35 males and 127 females who were kept for a maximum period of 3 years. This long forgotten enterprise deserves to be remembered as one of the most unsuccessful of all ventures in the field of alcoholism.

Returning to the CLD, the Prisons Report 1911 continued the previous pattern and Dr Sturrock, in a very lengthy report commented on the number of prison transfers and discussed the problems of behaviour disorders. His comments are of interest. "The interesting feature of the year's admissions (to the Criminal Lunatic Department) is that no less than 8 out of the 10 were of those who develop insanity while undergoing terms of imprisonment. They include a number of borderline cases,

in particular of that steadily-increasing class of explosive prisoner regarding who it is well that something should here be said. In a very large proportion of cases their treatment and ultimate disposal are complicated by the fact that any mental deficiency they exhibit has no relation to their criminal offences. General paralysis and the profounder degrees of adolescent and senile dementia may lead to thefts and fire-raising of a foolish and unintelligible character, but the offences of the cases under consideration are usually of a different and quite rational character. Many of them commit cunning and vicious thefts, and exhibit no sign of what is commonly called defective self-control till they come into the hands of the police or under the discipline of the prison warder.

"One man, whose absolute refusal to work, and his vicious resistance to any form of compulsion, made him quite unamenable to prison discipline, informed a warder the moment he was admitted to this Department, where he had been before, that he would give no trouble here, and he has worked ever since. If he were not looking forward to the end of a definite term of detention he would no doubt, behave like some others of the criminal type who are confined during His Majesty's Pleasure, and who usually attempt to make their own conditions as to what they will do, threatening violence if their trifling industry is not rewarded on the most ample lines.

"Such a case, for example is a typical criminal bully of the laziest habits, whose last offence was a vicious assault upon and theft from, an elderly gentleman, carefully planned with an associate, and who, exhibiting a savage resistence to authority while awaiting trial, with delusions of suspicion directed against warders, was found on

that account unfit to plead, and sent here during His Majesty's Pleasure. Here his delusions naturally disappeared, but he retains his disposition, and the medical certificate, unfortunately, the only alternative means to imprisonment or curtailing the liberty of the subject, has invested this man with a halo of complete irresponsibility of which he is not slow to take full advantage.

"The ultimate disposal of these cases present many difficulties. Prison treatment, however, modified cannot be applied to them indefinitely, for repeated outbursts, if met by the compulsion and consequent irritation of written rules, will, no doubt end in many instances in undoubted insanity. If their criminal tendencies could be corrected they would be oftenest free from irritability by being at liberty. Guardians they will never tolerate. If permanent detention is indicated the conditions must of necessity be as free and generous as is consistent with safety and the preservation of the mental health of their attendants, a point upon which only those who have to treat them in bulk are competent to speak, and one to which sufficient attention has not been drawn. There is much to be said for the burden of delinquency falling upon the proper shoulders, and the Society whose interests are being protected must not be misinformed as to the amount of actual irresponsibility to be granted to those more vicious cases. At present they are discharged from prison or this Department on expiry of sentence. In many cases the Inspector of Poor, to whom they may be handed over cannot obtain certificates of insanity, for it must be remembered that the medical practitioner must state facts indicating insanity that has been observed by himself.

"Many who reach asylums are soon discharged. Asylum physicians, having the power to discharge them, are not prepared to retain for the sake of society those whose bad disposition is the only evidence of abnormality".

From these writings irrespective of whatever diagnostic labels should be put on the cases Sturrock was describing, it would seem to be very clear that these prisoners might have required a psychiatric contribution to their day to day management while they were in custody, but they were unsuitable to be sent to hospital direct from court as the case of the typical criminal bully demonstrated. Sturrock was emphasising the importance of making a correct diagnosis at the time of trial and 70 years later this matter remains a potential problem of which those working in maximum security hospitals are acutely aware.

THE STATE INSTITUTION FOR DEFECTIVES

In response to many years of pressure and debate on the case of mental defectives the law in relation to this group was amended by the Mental Deficiency and Lunacy (Scotland) Act 1913. Under this legislation the General Board of Commissioners in Lunacy were replaced by the General Board of Control for Scotland (Section 19 (i)). The Board of Control continued until the Mental Health (Scotland) Act 1960 and they adopted the same shared responsibility as before for the Criminal Lunatic Department with the Prison Commissioners. In addition to subdividing intellectual deficiency into 3 grades, the Act (Section I) also recognised "moral imbeciles" that is to say, "persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has little or no deterrent effect". As described in the section on legislation, prison transfers gain specific mention (Section 3) where among categories of defectives who are subject to the Act, are included those serving a term of imprisonment or those detained in an asylum for lunatics, including the Criminal Lunatic Department and a major objective of the Act was that defectives were to be cared for in different institutions than were being used for lunatics and that the 2 groups were not to mix. The Board of Control had considerable power to ensure that defectives were cared for in the conditions laid down in the Act and transfers between lunatic asylums and institutions for defectives could only occur with the usual 2 medical certificates and the approval of a sheriff. The Board of Control (Section 16) had power to order any defective they found in a lunatic asylum to be conveyed to an Institution for Defectives.

During the war years and immediately after, energies and resources were deployed elsewhere and the 1913 Act was slow to be implemented. During these years the CLD continued as before to be the only secure institution and such defectives as were dealt with under the new act were sent to institutions for defectives elsewhere.

The Prison Commissioner's Report for 1920 records that during that year 12 cases were certified as having developed insanity after conviction and of these, 4 were transferred to the CLD. It is also recorded that 2 prisoners serving short sentences were certified under the 1913 Act and dealt with locally - one being sent to a poor-house, under a guardianship order, and the other released to the care of relatives. The number of inmates in the CLD remained between 60 and 65 which was below its capacity.

The immediate post-war years were a period of inactivity and uncertainty in Perth. The prison, previously the General Prison and now renamed Perth Prison had been used by military authorities and was dilapidated and indeed Willox (1967) records that it was practically closed from 1922-1927. By this time, of course, other modern prisons had been built throughout Scotland. The need for a State Institution for Defectives had now become clear and such defectives who were dealt with either by the courts or during a term of imprisonment were initially being contained locally, but within only a few years it did indeed come into existence although not with such as separate identity as the 1913 Act had intended.

It is recorded in the Prisons Report 1922 that 10 beds in the CLD were allocated for defectives, and it was obvious that the more serious and

dangerous defective offenders were as before either remaining in prison or coming to the CLD and indeed the 1925 Prison Report shows that of the 17 admission to the CLD that year, 7 were feeble minded or defective. It was not until 1927 that the State Institution for Defectives began to receive separate mention in the Annual Prison Reports and it was in the following year that some cellular accommodation in the main prison was taken over as the State Institution for Defectives. The part used was the ground floor of 'D' Hall and this was a logical choice since it was the part of the main prison closest to the Criminal Lunatic Department. The routine which evolved was that defectives slept and ate in their own area in 'D' Hall but were taken across to the Criminal Lunatic Department for work and recreation and associated with the inmates of the Department at those times. There are photographs of the area used by defectives in 'D' Hall as it is today.

Willox (1967) states that 1929 saw the end of the Prison Commissioners and they were replaced by the Prisons Department who continued under this title to the present time. They continued to produce Annual Reports, but probably for financial reasons these reports had shrunk in size during the 1920's and never again gave such comprehensive details about the various activities in the penal departments including the CLD, as had been given before the First War. The Board of Control continued to share responsibility for the CLD and the State Institution for Defective (SID) with the Prisons Department.

The Prisons Department Report (Prisons in Scotland) for 1931 records the minor nature of the offences for which defectives were being certified under the 1913 Act. Eleven of the 14 cases were certified after conviction while serving a sentence. All but 2 of these transfers were managed

locally, and only one was sent to the SID. It was mentioned that one case remained in custody, his certification not having been implemented by transfer. Another interesting factor is the youthfulness of these cases most of whom were between 17 and 20 and the oldest of whom was 26. It is tantalizing to speculate which diagnosis would have been assigned to this group nowadays that is whether primary mental deficiency or primary behavioural problems, bearing in mind the category "moral imbecile" which then existed. This 1913 Act probably played a large part in the medicalisation of behaviour disorders, especially among the young, which occurred during this era.

THE MOVE TO CARSTAIRS

The 1930's were a period of ever increasing demands upon the CLD in Perth and as the prison population rose so also did the number of mentally abnormal offenders. Facilities in Perth were inadequate to accommodate the patients who were being referred. The existing buildings in Perth did not allow proper separation of inmates in the CLD from inmates in the SID and day time and living space was very cramped.

This decade had been, in England particularly, at the time of the emergence of new optimism about treatment of offenders by psychological means. As described by Gunn (1978) the East-Hubert Report (1939) outlined plans which led ultimately to the opening of Grendon Prison, but no such parallel provisions were available in Scotland. These English developments do not strictly overlap with the area of this study, since the East-Hubert plans were directed towards prisoners who did not suffer from a certifiable disorder but who were displaying behavioural problems which were thought to be due to psychological problems which in turn were thought to be susceptible to psychotherapeutic treatment. Since the boundaries of certifiable mental disorder are never entirely clear and since this philosophy persisted until recent times it is reasonable to speculate that this influenced referrals to the CLD and later to the State Hospital. Certainly the marked increase in patient population followed over the next 3 decades after the appearance of the report and although not solely responsible for the trend, it probably contributed to it.

In Scotland one of the most influential factors was probably the 1913 Act and its mention of moral defectives. The Prison Report for 1920 contained mention by the then Medical Superintendent, Dr Leslie Skene,

that the proportion of inmates suffering mental deficiency as opposed to psychosis was high and in the Prison Report for 1925 showed 7 defectives out of 17 admissions during that year. On this occasion Dr Ian Suttie reported as Medical Superintendent and interestingly Dr James Sturrock also reported but in his capacity as member of the General Board of Control who visited the CLD. Although, as had been stated, in 1928 the defectives were given their own sleeping area and there was no division of staff or services and the arrangement seems to have been little more than the provision of a dormitory annex.

Dr C D Bruce became the Medical Superintendent in 1931 and remained in office up to his death in 1956 (Willox 1967) which virtually spanned the whole remaining life of the CLD until it moved to Carstairs in 1957. This 1931 report continued to record the admissions of mental defectives - 3 out of a total of 15 admissions. A further 14 defectives were transferred from prison to various local facilities during that year and this pattern continues during subsequent reports. The pattern of prison transfers to the CLD, however, showed surprising fluctuations during these last 30 years of the CLD and no explanation has been found for this. From the ledgers of the CLD, now held at the Scottish Prison College Museum, Polmont, was obtained the number of admissions each year and also the number of those admissions each year who were transferred prisoners serving a sentence. This list is shown in Table A and as is seen apart for some exceptions, years such as 1912, 1913 and 1924, the total of transferred prisoners to the CLD each year never exceeded 10 and was usually about half that figure. However, after 1934 there was a sharp drop in the number of transfers and there were no transfers of convicted prisoners to the CLD whatsoever between

TABLE A

ANNUAL ADMISSIONS TO CRIMINAL LUNATIC DEPARTMENTS

Year	Total Admissions	Number of Transferred Prisoners
1893	12	6
1894	5	2
1895	9	7
1896	17	8
1897	14	8
1898	8	3
1899	12	8
1900	12	6
1901	6	2
1902	14	4
1903	13	4
1904	9	5
1905	9	3
1906	8	2
1907	7	3
1908	17	6
1909	11	3
1910	19	10
1911	10	8
1912	26	13
1913	27	19
1914	15	3
1915	12	2
1916	11	4
1917	9	5
1918	9	3
1919	9	2
1920	15	4
1921	19	4
1922	16	7
1923	17	10
1924	24	13
1925	17	3
1926	16	8

Year	Total Admissions	Number of Transferred Prisoners
1927	24	5
1928	18	7
1929	19	5
1930	22	4
1931	14	5
1932	19	9
1933	15	2
1934	24	4
1935	15	1
1936	16	0
1937	16	0
1938	20	0
1939	13	0
1940	9	0
1941	12	0
1942	14	0
1943	9	0
1944	12	0
1945	12	0
1946	13	1
1947	12	2
1948	10	0
1949	8	1
1950	15	0
1951	13	1
1952	18	1
1953	13	0
1954	15	0
1955	16	0
1956	21	2
1957	10	0

1936 and 1946 inclusive and the numbers thereafter remained very small. This information was confirmed from the Prison Reports for 1932, 1933, 1934, 1936, 1937, 1938, 1939-48, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957. It must be assumed that these official documents give accurate information but no explanation is given for this trend. It must presumably have its explanation in policy and administrative matters of that period but it would be interesting to know what these were. During the final years of the CLD at Perth Prison since it was accommodated in prison buildings with the usual prison design it might have been that in relative terms it differed little from other prison accommodaton and as a result had fallen behind the environment which was available in psychiatric hospitals elsewhere. Hence there might have been little incentive or enthusiasm in transferring a convicted prisoner if his surroundings and care were not likely to alter greatly. When this was discussed with members of staff who had worked in the CLD at Perth, they could mostly throw no light on this matter and they usually stated that they had been quite unaware of this trend in prison transfers. However, one particular senior member of staff did offer an explanation. He stated that the pattern which he remembered was that prisoners in the main prison who, during their sentence, were thought to have a need of the different regime in the CLD were simply moved there during their sentence. Since the CLD was under the authority of the Prisons Department and of the Governor of the main prison it is not beyond the bounds of possibility that this was what happened but at the same time, in the very strictest sense, it would have represented a compromise of the mental health legislation of the time which some authorities might view even now as unacceptable. It must be emphasised that there is no firm evidence for this explanation and it may not be correct.

To return to matters, which are on record the Prison Report 1934 records Dr Bruce writing in that year of the increasing numbers of inmates being committed to the State Institution for Defectives and the impossibility of preventing association at work and exercise between their patients and patients from the CLD. Dr Bruce continued that merely providing extra sleeping space did not solve the problem, as he saw it, of the different needs of the 2 types of patients and he concludes that urgent consideration be given to providing a new Criminal Lunatic Department and State Institution for Defectives on a new site. Only 3 years previous in his report for 1931, Dr Bruce had been asking only for alterations and additions to the existing building at Perth and such definite change in emphasis in such a short time leaves no doubt as to the unsatisfactory nature of facilities at Perth at that time. As would be expected the reports by visitors from the General Board of Control echo the same sentiments as Dr Bruce concerning the need for new premises even though they did so in rather less emotive terms.

During these earliest years of Dr Bruce's long association with the CLD he sounded from his writing to have been enthusiastic and energetic and he did not content himself merely with complaining about his department but also discussed at some length the various schemes and improvements which he introduced. These included a separate villa for female inmates opened in about 1931 and also in that year he described the arrangement whereby these females did the cooking for themselves. This, he concluded, was such a beneficial form of occupation that he considered a similar experimental venture for selected male inmates.

In his report of 1933 Dr Bruce mentions with regret that after the introduction of parole, in the company of warders, there had been an assault on a member of the public although no very serious injuries had resulted. He hoped that parole would be reintroduced again soon because it was of considerable benefit he stated.

Dr Bruce's most frequent discussion at this time was regarding the problems of associating defectives and lunatics and he wrote eloquently in 1932 of the difficulty of directing "into correct channels the egocentricities and self absorption of the lunatic and the more boisterous behaviour and youthful aims of the defective members of the community when using the same recreational and occupational means".

The population of the whole department was gradually increasing during this period going from 66 males and 7 females in 1931 to 84 males and 7 females in 1936; but the premises were considered to be inadequate not just because of pressure of numbers but more because of the desire for more energetic therapeutic regimes and severe limitations which the lack of space imposed on this. In the past the premises had probably been thought adequate if they achieved little more than containment.

Central Government was not slow to respond and the Criminal Lunatic (Scotland) Act 1935 authorised that a Criminal Lunatic Asylum be established in Scotland. Under Section 4 authority was given to transfer any prisoner to this asylum if he was certified insane by 2 practitioners. If he recovered before the expiry date of his sentence he would be returned to prison but if at this time he was certified as being a danger to himself or others and required to

remain in the Criminal Lunatic Asylum then he would remain there as if he was detained until His Majesty's Pleasure is known. To ensure that detention under this section was not excessive or continued unnecessairly it was ordered that a report had to be sent to the Secretary of State every 3 months on all patients held in this manner.

The 1913 Act had ordered the Secretary of State to provide a State Institution for Defectives and since this had never adequately existed at Perth, it was originally proposed that both new facilities would be on the same site.

The site chosen for the new institutions was Lampits Farm, Carstairs, and this, as Willox (1967) described was due mainly to expediency. The government had acquired the land some time before and it was deemed suitable for the purpose of being away from large centres of population but reasonably central in the country as a whole and close to good rail links.

The Prison Report for 1936 carried Dr Bruce's report as usual and it is of interest to read there of the innovation of lengthening the inmates day by one hour by postponing for that period the evening retiring hour. When taken alongside the mention of the parole described above from the 1933 report these 2 matters - parole and the lengthening of the patients' day - will sound very familiar to anyone involved with the State Hospital, Carstairs, in the early 1980's as these 2 ventures have been introduced again and are, at the time of writing, the subject of some controversy.

In 1938 the report expresses the expectation that the new building at Carstairs would be ready for occupation by the following year which indicates very creditable progress in construction but the outbreak of

war changed all that. The Prisons in Scotland Report for the years 1939-48 recorded that the new buildings at Carstairs were indeed completed in the late autumn of 1939 and had been intended for use as a new Criminal Lunatic Department and State Institution for Defectives but in December 1939 they were given over for use as a military hospital particularly for psychiatric cases from the services. Dr Bruce in the rank of Lt-Colonel was as Willox (1967) describes appointed physician superintendent and the buildings were only released from military use in 1948.

It should be noted from the above that in 1939 it was intended that the buildings at Carstairs, which at that time were only those on the west side of the road known as the West Wing of the present State Hospital, were intended to be sufficient for both the Criminal Lunatic Department and the State Institution for Defectives but, during the succeeding few years, estimates of requirements altered considerably for on 7 May 1948 it was the defectives who were transferred to Carstairs, the lunatics having been deemed to require a whole new establishment of their own.

Willox (1967) writing fairly soon after the time of these events gives considerable detail. One of the most influential events was probably the Russell Committee, appointed by the Secretary of State in 1938 to examine and report upon Scottish Lunacy and Mental Deficiency Laws. The Committee were delayed in their work by the war and did not report until 1946 and they appear to have directed considerable attention to violent and dangerous lunatics and defectives although, for some reason, they did not visit any of the facilities at Perth. The Committee identified as a group who they considered were being neglected, those mentally

disordered individuals who were considered dangerous to others by reason of their mental disorder but who had not committed a crime. Some of these patients, they stated, were not suitable for an ordinary psychiatric hospital since they required extra security, and they considered that it should be possible for such dangerous non-criminals to be admitted to a State Institution and that only 2 such special institutions would be required in the country, one for the mentally ill and the other for defectives.

They also strongly stated the opinion that the administration of those 2 institutions should not be under the Prisons Division of the Scottish Home Department but should be the responsibility of the General Board of Control.

Continuing to abstract from Willox (1967) he describes the particular attention which the Russell Committee gave to defectives. He quotes the Report directly (page 125), "the possibilities of the 1913 Act have not been developed to the extent that might normally be expected in the 30 years it has been on the Statute Book. Much leeway has to be made up ... The early training of defectives has a definite bearing on the question of juvenile delinquency of which there has been an unfortunate increase in recent years". Willox paraphrases the Commissioners stating that surveys of juvenile delinquents had variously found that between 2% and 25% of them were mentally defective and Willox states "in the minds of the Royal Commissioners there was no doubt that the majority of defectives who did reach the courts might never have done so had there been adequate institutional training and protection".

The Commission struggled with the matter of court proceedings and did

not agree that mental defect should be reason for a plea in bar of trial as the case with lunatics. Accepting a plea of insanity in bar of trial resulted, under Section 87 of Lunacy (Scotland) Act 1857, in detention during Her Majesty's Pleasure, when the insanity was lunacy and Professor D K Henderson was alone among the Commissioners in favouring a similar provision for defectives but was not supported. The Commissioners did agree and recommended that any adult defective convicted of a criminal offence should be sent to an institution for defectives and if the offence was indictable that that institution should be a State Institution.

Willox (1967) quoted directly from the Russell Report's conclusion from this discussion was that "In view of our recommendation that dangerous as well as criminal lunatics should be placed in a State Institution we think that the whole Institution at Carstairs will be required for lunatics and in view of our recommendation, based on evidence, we recommend that, as soon as practicable, a State Institution separate and distinct from the one at Carstairs should be provided for mental defectives".

In order to support their request for another facility, while in the process leaving no doubt that they were taking, by the standards of the 1980's a very broad and optimistic view of the possibilities of treatment the Commissioners wrote "In addition to the persons who came within the scope of the laws, there is a class of persons, mostly adolescent, who display distressing symptoms of unstable disordered behaviour and are regarded as social misfits but whose mental capacity and conduct touch only the fringe of insanity or mental defectiveness or criminality. For this type no suitable treatment appears to exist, and in the great majority of such cases it seems to be the view that they are although not

appropriately certifiable in any sense, not suitable for prison treatment. We feel that the legislative might at the earliest moment, devise some appropriate provision for those unstable, erratic, disordered behaviour types that will give an opportunity to submit them to some form of training or supervision in a colony or institution in which medical and psychological study and treatment will be available with a view to their being trained to adapt themselves properly to their social environment and thus become useful citizens".

All these opinions seem, to say the very least, strange and naive if compared with contemporary thinking but nevertheless this was the consensus view at that time and it thus followed logically that a considerable demand would be expected of the State Institution for Defectives and Criminal Lunatic Department as soon as there were adequate facilities and as soon as services returned to normal peace time operation. It was decided as Willox (1967) described that the whole of the existing buildings at Carstairs would, when released from military use, be taken over on a temporary basis as a State Institution for Defectives with the lunatics remaining meantime in Perth while a separate and purpose built State Institution was being built. Matters were decided this way because provision for defectives was considerably more makeshift at Perth than it was for the lunatics so that, in the short term, the defectives had greater priority to move elsewhere.

As time drew near for Carstairs to be vacated there was uncertainty as to who should be responsible for the 2 facilities and it was resolved that in terms of the National Health Service (Scotland) Act 1947 the State Institution would become the responsibility of the General Board of Control but the Criminal Lunatic Department while still in its temporary

location in Perth Prison should be the responsibility of the Prisons Division since in practical terms it would have been difficult for the General Board of Control to manage a facility in a prison. They would inspect and submit reports, however. The arrangements were despite the terms of the Criminal Justice (Scotland) Act 1949 which was not enacted in this regard until the male lunatics moved to their new premises in 1957.

Returning to the sequence of all these changes the Prisons Report 1939-48 records that on 7 May 1948, 19 male defectives were transferred to Carstairs and that they came under the authority of the General Board of Control on that date. The one female defective remained with the female lunatics at Perth.

The number of male inmates in the State Institution increased steadily, as it certainly would have been expected to do if the broad admission criteria previously discussed were applied. At the end of the 1948 there were 21 patients rising to 95 at the end of 1957 and 156 by 1959, and obviously the empty space was being filled. It is strongly believed that the reason for this 8 fold increase in 11 years must have been the policy which began with the moral defectives of the 1913 Act and was reinforced by the stance of the Russell Committee, since if any hospital starts using undesired behaviour as justification for admission then really there will never be an empty bed and demand will always follow supply.

During the early 1950's the last days of Perth, Dr Bruce continued to be in overall medical charge at both Perth and Carstairs but he was resident at Carstairs and made only intermittent visits to Perth. Staff from that

period describe Dr Bruce at this time as having lost some of his earlier energy and enthusiasm and also having some health problems. Since the end was in sight for Perth few new ventures were undertaken there and there was universal dissatisfaction with the premises there. As Willox (1967) records there were about 100 inmates and such was the pressure on space that the cells on the ground floor of 'D' Hall in the main prison which had formerly been used for defectives were used as sleeping quarters for some of the inmates of the lunatic department. Medical care at Perth was provided by Dr R Paton who was Dr Bruce's deputy there.

The memories of former staff and patients of these last days at Perth was almost invariably that the atmosphere in the Criminal Lunatic Department was really more akin to a jail than to a hospital. "Deals and fiddles" abounded and there was much of the minor corruption which can occur in any closed institution, particularly when all staff and inmates are male. All inmates were given single rooms, however, and there was no doubling up and the author understands the regime was not unduly oppressive in that various privileges such as parole and excorted outings were undertaken.

Staff to whom the author has spoken have described the unsatisfactory nature of the administration in that nursing staff were appointed by the General Board of Control who personally interviewed and selected the staff they wanted, but the Department itself was administered by the Prisons Division and was under the authority of the Governor of the main prison. To add further to this rather muddled structure there were working in the Department alongside the trained nursing staff, members of the discipline staff of the main prison who were not trained as psychiatric nurses.

There was, when the Criminal Lunatic Department moved to Carstairs in 1957, general approval that psychiatric patients were going to be cared for totally by the health services and that prisons were not going to be involved, and it is worthwhile remembering the benefits of this if new proposals are to be put forward for mentally disordered offenders in the future.

Since during the 1950's both the new establishments were to be under the General Board of Control it was logical that the site chosen for the new State Institution for Defectives would be adjacent to the existing buildings there although separate from them. These new buildings with accommodation for 170 patients are what is now the East Wing of the State Hospital, Carstairs, and were completed in 1957. In that year the 90 defectives were moved across from their temporary accommodation to occupy their new buildings and in October 1957, 99 male patients from the Criminal Lunatic Department, Perth, were finally taken to their new accommodation at Carstairs in the hospital recently vacated by the defectives. At this time the responsibility for all these premises passed to the General Board of Control and the small number of female patients still remaining in their villa at Perth also became the responsibility of the General Board of Control and their villa was designated "a ward at the State Mental Hospital". These females finally came to Carstairs in November 1958 when a ward was available for them there and when they came they numbered only 5.

Dr Bruce died in 1956 after a period of rather poor health which had caused some curtailment of his full duties, but by this time the move to large and modern buildings at Carstairs was almost complete. Dr J Johnston was the next superintendent to succeed Dr Bruce and Dr Harold Ross was

appointed as deputy to Dr Johnston in 1957.

The period of the authority of the General Board of Control at Carstairs and the 2 separate institutions there was only a brief interlude because in terms of the Mental Health (Scotland) Act 1960 the Board ceased to exist and the whole establishment at Carstairs was united as the State Hospital. The Secretary of State took overall authority for it but established a Management Committee to act on his behalf.

The final years leading to this point were, as has been described, convoluted and rather complex. There were major changes in statute being combined with ambitious professional opinion as to the use of secure psychiatric facilities. Also to be added was the view that psychiatric patients who were not criminals might on occasion require access to the secure facilities. As a result of these kinds of factors and probably others also the new establishment at Carstairs differed very markedly from its predecessor at Perth in many ways but particularly in terms of size even at the time of its opening and staffing levels and patient numbers have not remained static since then.

The last 20 years or so at the State Hospital are too close to be able to continue this survey any further at the present time, but obviously at a suitable time in the future the course of evolution at these unique psychiatric facilities should be taken further, when there would be no shortage of events and incidents from the 1960's and 1970's to describe and discuss. It is of the greatest importance that history is not forgotten because if it is, past mistakes and the actions which they prompted will be incorporated into future plans in a random and unstructured manner which, at best, will be less than ideal.

ILLUSTRATIONS

The buildings and areas discussed in the historical text are not under normal circumstances available to view by visitors and are contained within the perimeter security of HM Prison, Perth. It is to try to make the text more understandable and animated that this section of illustrations is included. The material is mostly not contemporary, but is all that was available.

The line drawing of the General Prison is from the 28th Report on Prisons (1867). This gives an impression of the overall plan and lay-out of the buildings. To be noted are the 2 oblong buildings to the west of the main prison. These both were part of the depot for French prisoners built during the Napoleonic Wars. The oblong building to the north was used as a Lunatic Hospital between 1846 and 1864 and the part of this building so used is indicated in the drawing as is the exercise yard associated with it.

Towards the south corner of the prison complex is the building originally constructed as a Juvenile Department at the time that the main prison was being built in the 1840's. This building was the Criminal Lunatic Department between 1865 and 1957.

In 1881 an extension was added to the south of the building. This extension being known thereafter as the New Division. The boundary wall of the prison was rebuilt in association with this and the tower which still exists and which marks the corner of the original external wall is seen on the drawing immediately to the south-west of the Criminal Lunatic Department.

'D' Hall is the hall in the main prison which was taken over by inmates from the State Institution for Defectives and the site of

that hall and the closeness of it to the Criminal Lunatic Department is shown.

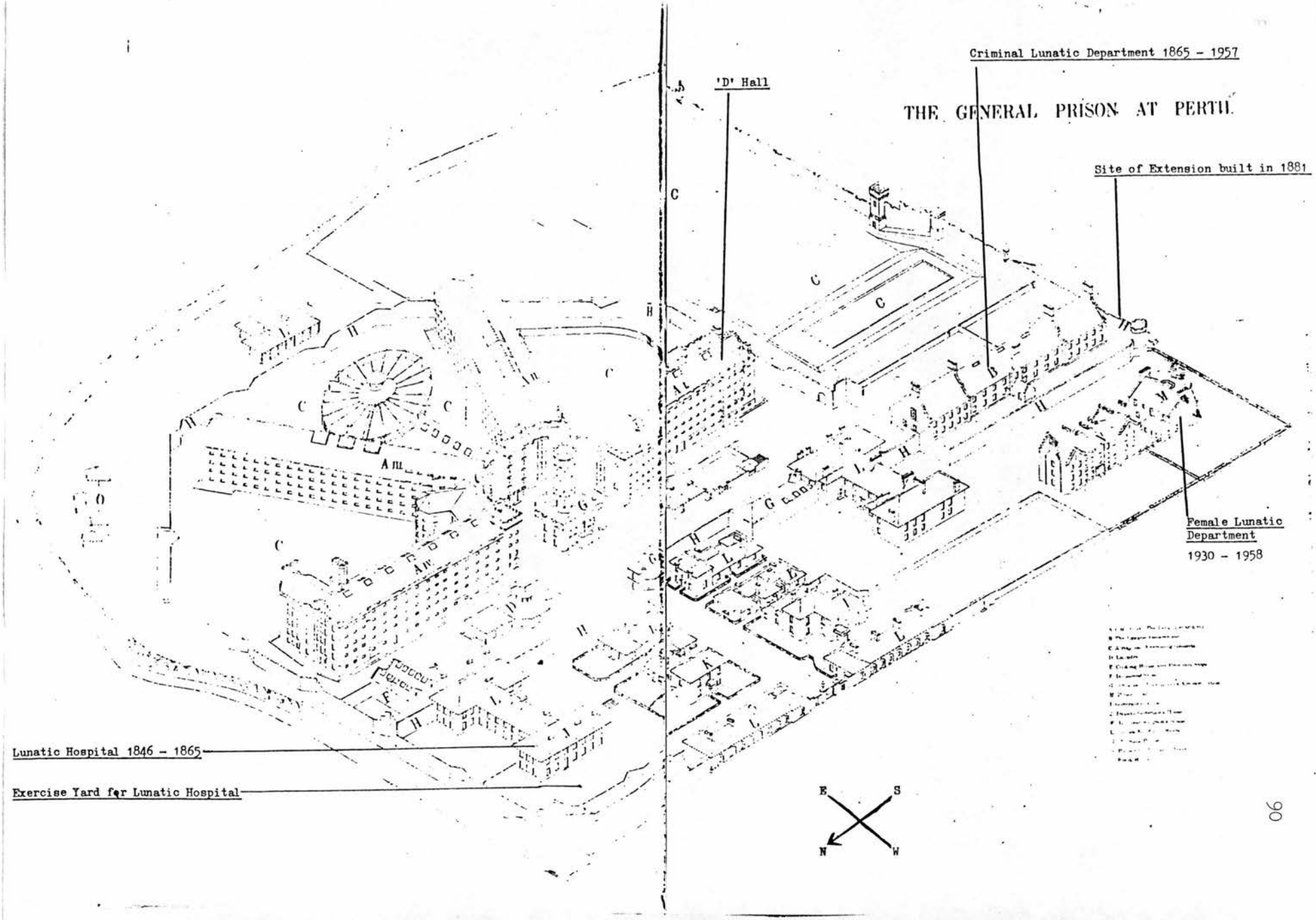
The large areas in the south-east corner of the prison complex are the gardens which were worked by inmates.

The female inmates who were at first accommodated in the New Division were, in about 1930, transferred to their own separate building which they occupied until 1958 and which is indicated.

The photographs which follow show these areas of the prison as they are today and they were all obtained during a visit to the prison by the author, on 29 December 1983, accompanied by Mr Alex Hosie, Chief Nursing Officer, and Mr Ian McKenzie, Senior Nursing Officer, both of the State Hospital, Carstairs. We were escorted in our tour by Chief Officer Williams of HM Prison, Perth, and the photographs were all taken by Mr Hosie.

Mr McKenzie and Mr Williams had both served in the Criminal Lunatic Department at Perth in their respective professional capacities.

THE GENERAL PRISON AT PERTH



The Lunatic Hospital 1846 - 1864

This view taken from the west shows the building, the upper floor of which was used as the Lunatic Hospital, between 1846 and 1864. The picture is taken across the ground used at that time as the exercise area for the inmates. The building was part of the depot built for French Prisoners during the Napoleonic Wars.

The National Institution for Criminal Lunatics and Criminal Lunatic Department 1865 - 1957

This building was part of the General Prison built between about 1840 and 1845. It was first used as a department for Juveniles until in 1865 it became the National Institution for Criminal Lunatics. It continued in this role until 1957 but after about 1870 it was known as the Criminal Lunatic Department.

The entrance to the building on the north side.

The east side of the building. The stonework can be clearly seen to be different from the Lunatic Hospital which had been built some years earlier. The upper floor was mainly sleeping accommodation and on the lower floor were the eating and living areas. The 3 sections of the roof which corresponded with the line drawing of the building are also seen.

A shed was located to the east of the main Criminal Lunatic Department which was erected in 1947 and was a department for occupational therapy for the inmates. Behind this shed to the right can be seen the roof of the original Criminal Lunatic Department and to the left can be seen part of the New Division built in 1881 to enlarge the Criminal Lunatic Department. This New Division was initially used for female inmates. The connecting section of the building is of much more recent construction. At the time that the Criminal Lunatic Department left Perth connection was only by a single storey building but since then this connecting part has had a second floor added.

The former New Division from the south-west. The new connecting section can again be seen. On the left of the photo can be seen a tower which originally marked the perimeter corner of the main prison wall. This tower is seen on the line drawing. When the New Division was added in 1881 the boundary wall had to be rebuilt accordingly but this tower still remains.

There follow 2 internal views of the building, formerly the New Division of the Criminal Lunatic Department.

A view of cellular accommodation on the upper floor. The doors have been replaced and are not original.

A living area on the ground floor. The main features of the room are unchanged from when it was part of the Criminal Lunatic Department.

These are 2 views of what was the refractory area of the Criminal Lunatic Department.

A general view of the corridor. On the left were strong cells which remain as cells today, while on the right there were protective cells. These have now been removed.

A strong cell on the refractory corridor. The door and the cell are as they were when they were part of the Criminal Lunatic Department.

There follow 3 views of the main sleeping area on the upper floor of the buildings which were formerly the Criminal Lunatic Department.

Cells extend all the way down each side of the wide central corridor. The doors have been replaced but still open outwards as they were designed to do in the Department in order to prevent inmates from barricading their door.

One of the rooms from the corridor.

During the time of the Criminal Lunatic Department the night staff remained with the inmates and occupied a special cell which was larger than the other cells and had toilet facilities adjoining.

This is a view of that cell today. The door on the right of the picture is the door to the toilet.

A view of part of the extensive garden area which was worked by inmates from the Criminal Lunatic Department. This is located on the south-east of the prison area, and is all within the prison wall.

State Institution for Defectives 1928-1948

From about 1928 defectives were accommodated on the ground floor of what is now 'D' Hall of the main prison. Recreation and occupation were, however, in association with inmates of the Criminal Lunatic Department.

There follow a number of views of this accommodation as it is today.

A view of the west side of 'D' Hall.

The entrance door to 'D' Hall at its south end. This door is unchanged from the days when defectives used it to travel to and from the Criminal Lunatic Department.

Two views of the ground floor of 'D' Hall showing the doors of cells occupied by defectives. For most of the time that the defectives were there, the upper floors were empty. In this area also were accommodated some inmates from the Criminal Lunatic Department between 1948 and 1957.

A view looking north.

A view looking south along the ground floor of 'D' hall.

This shows a door on the ground floor of 'D' Hall. It is intended to illustrate the marked wear which has occurred to the stone in front of the door. Prisoners and, for a time, defectives have used this cell continuously over a period of about 140 years.

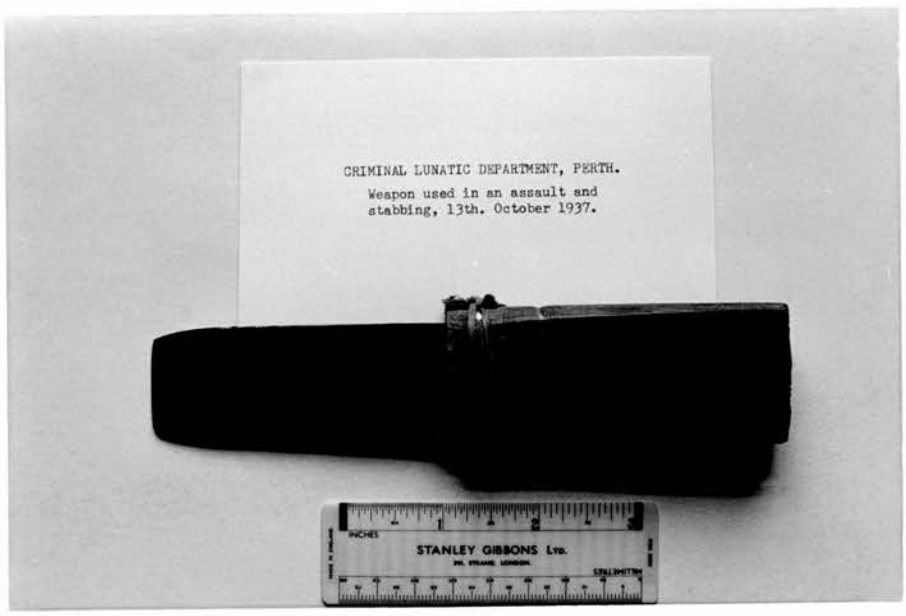
A cell on the ground floor of 'D' Hall as it is today. It should be noted how, since this is part of the ordinary prison, the door opens in the normal manner unlike the door shown earlier in the Criminal Lunatic Department.

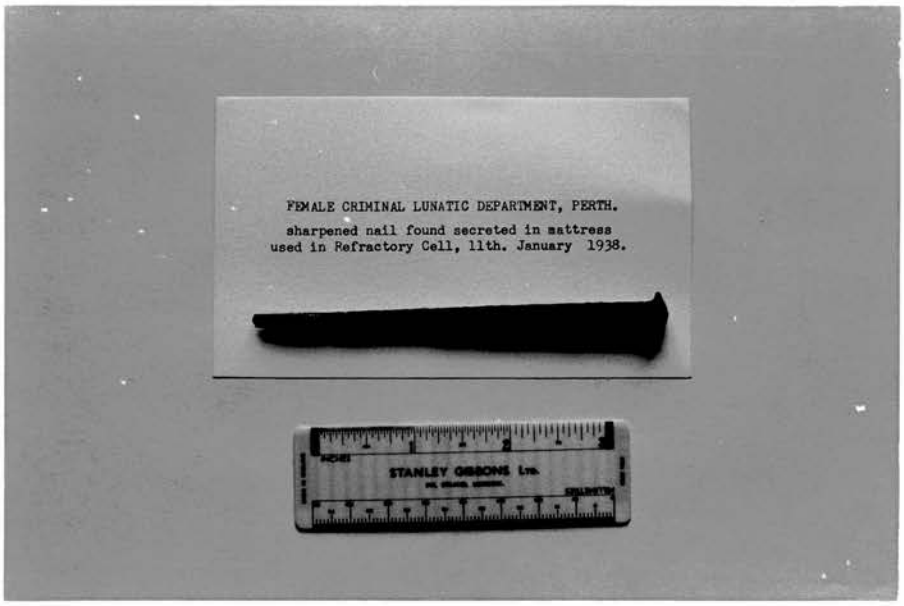
The view from within the same cell as was shown in the previous photograph.

The Female Lunatic Department 1930-1958

The female inmates were given their own separate villa, the Female Lunatic Department, in about 1930 and they remained there until 1958. For the last year this building was designated a ward of the State Hospital. Prior to this time females had been located in the New Division of the Criminal Lunatic Department which was shown earlier Although attempts were made to separate defectives from other inmates after 1920, this was never practicable, because of the small number, as far as the females were concerned and they were all kept together throughout. During the time of our visit the building was in the process of demolition and this view below shows all that remained at that time.

In November 1983 the author visited the Museum of the Scottish Prison Service College, Polmont. Shown below and overleaf are photographs of the only 2 exhibits which were identified as having come from the Criminal Lunatic Department. They do not require additional comment.




FEMALE CRIMINAL LUNATIC DEPARTMENT, PERTH.
sharpened nail found secreted in mattress
used in Refractory Cell, 11th. January 1938.
STANLEY GIBBONS Ltd.

CLINICAL SECTION

INTRODUCTION

This clinical section examines 2 groups of prisoners who have been transferred to hospital.

First, in the "Scottish Study", all convicted prisoners admitted to psychiatric hospital in Scotland while serving a sentence during the years 1970 to 1980 inclusive have been identified and described. Second, in the "Carstairs Study" all convicted prisoners admitted to the State Hospital, Carstairs, while serving a sentence during the years 1981 to 1983 inclusive have been identified, interviewed and described. Before giving separately the details of each of these studies, there will be some discussion of the criteria for the transfer and also some discussion of the design of the studies.

The clinical criteria for the transfer of a convicted prisoner to hospital are quite different from the criteria prevailing with any other type of compulsory psychiatric admission for the following reasons.

The conditions of an ordinary Section 24 recommendation in terms of the Mental Health (Scotland) Act 1960 are, that the individual suffers from a mental disorder, either mental illness or mental deficiency, as defined in the Act and that he requires treatment in a hospital because there exists a possibility of danger or risk either to himself or to others if this treatment is not given to him. The additional condition which must operate is that it must not be possible for the treatment to be given informally to the patient. This, therefore, means that even if the patient suffers serious mental disorder with the possibility of danger or risk to self or others, if the patient co-operates with informal treatment and remains in hospital then he

does not require to be detained. If time does not permit a Section 24 Certificate to be completed, a process which can occupy several days, then provision exists for the patient to be admitted and detained in hospital for a limited period in terms of Section 31 of the same Act, pending the completion of the Section 24 Certificate. Response to treatment is often so rapid, that on many occasions once a patient has been in hospital for a few days in terms of Section 31, the need for a Section 24 no longer exists (Elliot et al 1979).

If these circumstances are compared to a Section 66 transfer then differences emerge because of the population to which a Section 66 applies, namely, convicted prisoners and the ways in which the section is used. These are practical differences rather than differences in the terms of the Section.

First, convicted prisoners comprise all types of offenders. There are those who have committed minor offences and who may not have been held on remand prior to conviction. It is certain that among this group are individuals who have not been subjected to any detailed examination and certainly not a detailed psychiatric examination, and thus it is possible that they may be suffering from mental disorder and this only becomes apparent after conviction. These minor offenders are grouped together with serious offenders who may well have spent a considerable period in custody on remand before trial and who may also have been exposed to a detailed psychiatric examination by one or more psychiatrists. All individuals convicted of murder or culpable homicide will have been exposed to 2 psychiatric examinations as a matter of routine. In short the psychiatric health of

convicted prisoners has not been determined in any uniform or consistent manner prior to conviction.

Second, with regard to the manner in which Section 66 is used, all Scottish prisoners today have fairly ready access to the services of a consultant psychiatrist and most prisons are visited on a regular basis by a consultant, so that expert advice is readily available. Forensic psychiatric services have developed so recently in Scotland that even about 10 years ago the same could not have been said and at that time psychiatric care to convicted prisoners was usually provided in the first instance by a prison medical officer and many prisons were not regularly visited by psychiatrists. The availability of specialist advice has thus altered markedly during the period of study.

All prisoners are by definition detained and their opportunities to exhibit dangerousness to others can be very considerably controlled, as also can be their opportunities to harm themselves. Prisoners cannot be given medical treatment, including psychiatric treatment, without their consent, but if they do so consent, there are the means within certain Scottish prisons for inpatient psychiatric treatment to be given.

Such a structured organisation with, in some cases, highly selected and thoroughly examined inmates, cannot readily be compared to the community.

Finally, it must also be stated that Section 66 transfers cannot be compared with committals to hospital from court either after being found unfit to plead or insane at the time of the crime or under a

hospital order after being convicted. The important distinction here is that these orders are made by the court after they have taken medical evidence, and the decision rests with the court who is not under any obligation of any kind to accept the medical evidence or act upon it.

The clinical criteria for a Section 66 transfer are thus a mental disorder being found within a prison which is a total institution with all the special features which that involves. The disorder must cause the prisoner to require compulsory psychiatric treatment in a hospital and this group cannot readily be compared to any other group of psychiatric admissions whether detained or otherwise. There is thus good reason to study and examine Section 66 transfers as a special and unique group of psychiatric admissions and it is particularly appropriate for this to be undertaken now in view of the absence of previous work.

In order that the features of Section 66 transfers might be highlighted, it might be thought that some group of controls should have been identified but as has been stated, there are no controls and the study is almost entirely descriptive. Despite this final design, it was considered, at an early stage to try to compare transferred prisoners either with a control group from the general population or with a control group of other prisoners who were not transferred. If such a comparison could have been undertaken with either group, particularly the latter, then the results would have been of great interest but despite this it was finally concluded that neither control study was possible.

A control group from the general population could not readily be

selected because of the possible differences between prisoners and the general population in terms of such variables as age and sex. In order that any worthwhile control group would be selected some account would require to be taken of these variables and the controls selected in a matched way and selecting such a control group and making comparisons would be a major project in its own right rather than throwing any particular light on the problem to be studied, namely the features of Section 66 transfer.

A control group of other prisoners either random normal prisoners or those having psychiatric treatment without the need for transfer, might seem to be suitable but there would be very considerable difficulties over selecting a random control sample from throughout Scotland, not least because no Scottish prison could be assumed to be representative of the prison population as a whole. In addition, contact would have required to have been made with the prisoners themselves if comparative details were to be obtained about them and the Prisons Department were not in favour of any direct contact between the author and any prisoners in connection with this survey.

In conclusion, therefore, there follows a descriptive study of all prison transfers in Scotland during 1970 to 1980 inclusive and of all prison transfers during 1981 to 1983 inclusive to the State Hospital, Carstairs. No previous survey of this nature has ever been undertaken.

SCOTTISH STUDY 1970-1980

METHOD

This part of the study was intended to identify and examine all convicted prisoners transferred from any penal institution to a psychiatric hospital in Scotland between 1970 and 1980 inclusive. All transfers of this nature would normally be in terms of Section 66 of the Mental Health (Scotland) Act 1960. However, during the study 2 cases were discovered of convicted prisoners who were transferred briefly to a local hospital without this section being invoked, illustrating the degree of local and individual variation which can occur. One of these transfers was a brief period spent in a local psychiatric hospital so that electroconvulsive therapy could be given and the other was the transfer to hospital within a day of the end of a short sentence of a prisoner who was detained under an emergency certificate (Section 31) of the Mental Health (Scotland) Act 1960. These 2 cases were excluded from the study but one of the individuals concerned was re-transferred later in his sentence in terms of Section 66 and was therefore included for this reason.

Information on Section 66 transfers was sought from 3 sources. Firstly, the Common Services Agency in Edinburgh was contacted, but it emerged that they could not provide the information which was required. They were able to give details of individuals transferred from prison to hospital but this included all transfers such as transfers to a general hospital because of physical illness and also transfers of remanded prisoners. In addition, this information was in such a form that individual cases could not be identified, essential if clinical

details were to be obtained. Thus none of the information which had been obtained from the Common Services Agency could be used in this study.

Next, an approach was made to the Scottish Prisons Department and it was from there that the information required to undertake the main part of the study was obtained. In order that the way in which the information presented may be understood it is necessary to describe the ways in which their records were kept in relation to the information which was being sought. The Scottish Prisons Department did not in 1980 store information on computer and all their records were in the form of documentation. When an individual was sentenced to a term of imprisonment, a named file would only be opened on him in the Prisons Department only if there was some item of documentation which required to be stored. It was thus possible for an individual to serve a short sentence and not have a file under his name in the Prisons Department. If an individual served more than one term of imprisonment the same case file continued to be used. As far as transferred prisoners were concerned, the papers relating to a transfer from prison to hospital would be stored in his case file and the only accurate method of identifying transferred prisoners would involve systematically examining each of these files looking for transfer documents. This would clearly have been, in practical terms, an impossible task. Much to the author's advantage an addition system of filing existed, where a copy of all transfer documents was stored together, separate from other records.

It was from this file that evidence was found of 75 transfers having been effected during the period of study and from these details the

Prisons Department file on each of the transfers was obtained. Occasionally it was discovered in the master file in the Prisons Department that the same individual had been the subject of a Section 66 transfer on some other separate occasion but that details of this transfer was not contained in the separate file of transfer documents. The author also, during his clinical work, came across a few individuals who at some time had been subject to transfer in terms of Section 66 but whose details also were not in the transfer file. In all cases hospital records were obtained so that the outcome of the transfer could be discovered.

As an additional and final means of attempting to locate all prison transfers during the period of study, the medical records departments of the hospital in Scotland who were likely to have admitted transfers were contacted and asked to check for any other cases. Most did not find any further cases although 18 additional transfers were gathered whose details had not been obtained from the prison file or previously known. Ten of these transfers were to the State Hospital, Carstairs. Hence it appears that the collection of transfers is as complete as possible. Because of the method of record keeping at the State Hospital, it is not possible that any transfers to that hospital will have been missed and although some transfers to other Scottish hospitals may have eluded the search they must be few in number.

The details obtained from these sources, allowed an examination of the clinical aspects of the legislation and this forms the basis of the study. It will be noted that there is no contact with individuals and that all details have been obtained from documentation and it will also be noted that there are no controls. These aspects of the study have already been discussed in the introduction to the clinical section.

RESULTS

This study examines all convicted prisoners transferred from a penal institution to any psychiatric hospital in Scotland during 1970 to 1980 inclusive. The findings will be presented in sections and at the end will be a table showing basic details of each case. This table may help to clarify some of the information given in the sections.

Section A

Background Details

Table I shows the total number of transfers divided by year and also divided as to whether they were admitted into the State Hospital, Carstairs or into any other Scottish psychiatric hospital. The table shows 93 transfers but this does not relate to 93 individuals because of the multiple transfers which occurred.

TABLE I

TOTAL TRANSFERS - By Hospital

Year	State Hospital	Other Scottish Hospital	Total
1970	1	4	5
1971	5	6	11
1972	5	9	14
1973	0	6	6
1974	0	3	3
1975	3	8	11
1976	8	4	12
1977	4	3	7
1978	1	4	5
1979	1	8	9
1980	5	5	10
TOTAL	33	60	93

Table II shows the total number of transfers divided by year and by sex. Among the females, there were only 3 transfers to the State Hospital of 3 different individuals. Two of the 3 females were transferred during 1971 and the other was transferred in 1976.

The matter of multiple transfers could potentially lead to confusion when the results of the study are being presented and thus, at this stage, the principles of the presentation of the remaining results will be explained. During the 11 years of the study it was found that 6 individuals were transferred more than once. There were 4 males who were transferred twice each. The first was transferred in 1971 and 1976 and the second was transferred in 1972 and 1977. Each of these 4 transfers was during a separate sentence. The other 2 male multiple transfers were twice transferred during the same sentence. One of these double transfers was in 1972 and 1979 and the other was in 1974 and 1975.

Among the females, one individual was transferred twice, that being in 1976 and 1978 and the other female was transferred 3 times during the period of study, that being in 1970, 1975 and 1979. All of these 5 female transfers were effected during different sentences. Additional details of the circumstances of these multiple transfers can be obtained from Table XVII which is given in the final section of results.

In all the tables which follow transfers are listed and not individuals. It would have been artificial to count only individuals especially since 3 of the individuals in the study had prior to 1970 been transferred in terms of Section 66. One of these 3 individuals had been transferred twice prior to that date. Since no individual was transferred twice in the one year it is argued that the best method is to examine transfers

rather than individuals. In this study, therefore, the 73 male transfers and 20 female transfers relate to 69 individual males and 17 individual females. In all tables a clear distinction will be made between transfers and individuals.

TABLE II

TOTAL TRANSFERS - By Sex

Year	Male	Female	Total
1970	4	1	5
1971	8	3	11
1972	12	2	14
1973	6	0	6
1974	3	0	3
1975	9	2	11
1976	9	3	12
1977	5	2	7
1978	3	2	5
1979	6	3	9
1980	8	2	10
TOTAL	73	20	93

Table III shows all transfers divided by age at the time of transfer and also split by sex. When subgrouped in this way the individual totals become small, but it is seen that two-thirds of females and half the males were 29 years of age or younger at the time of their transfer. The supplementary Table III shows all convicted prisoners during one year of the study, 1978, distributed by age and sex. Comparison can then be made of the ages of transfers and of all receptions following conviction.

TABLE III

AGE AT TIME OF TRANSFER

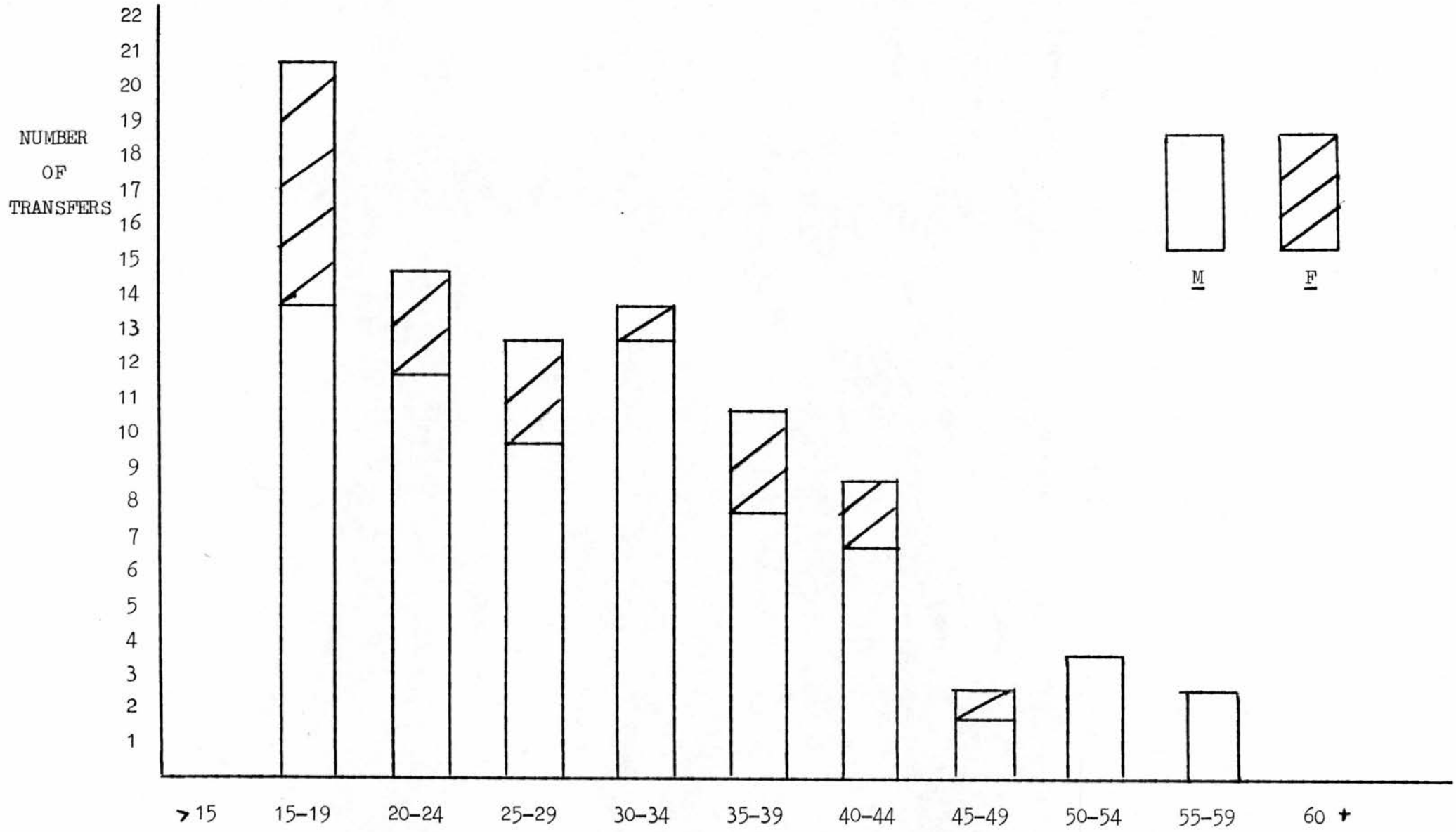


TABLE III (Supplement)

CONVICTED PRISONERS DURING 1978 BY AGE AND SEX

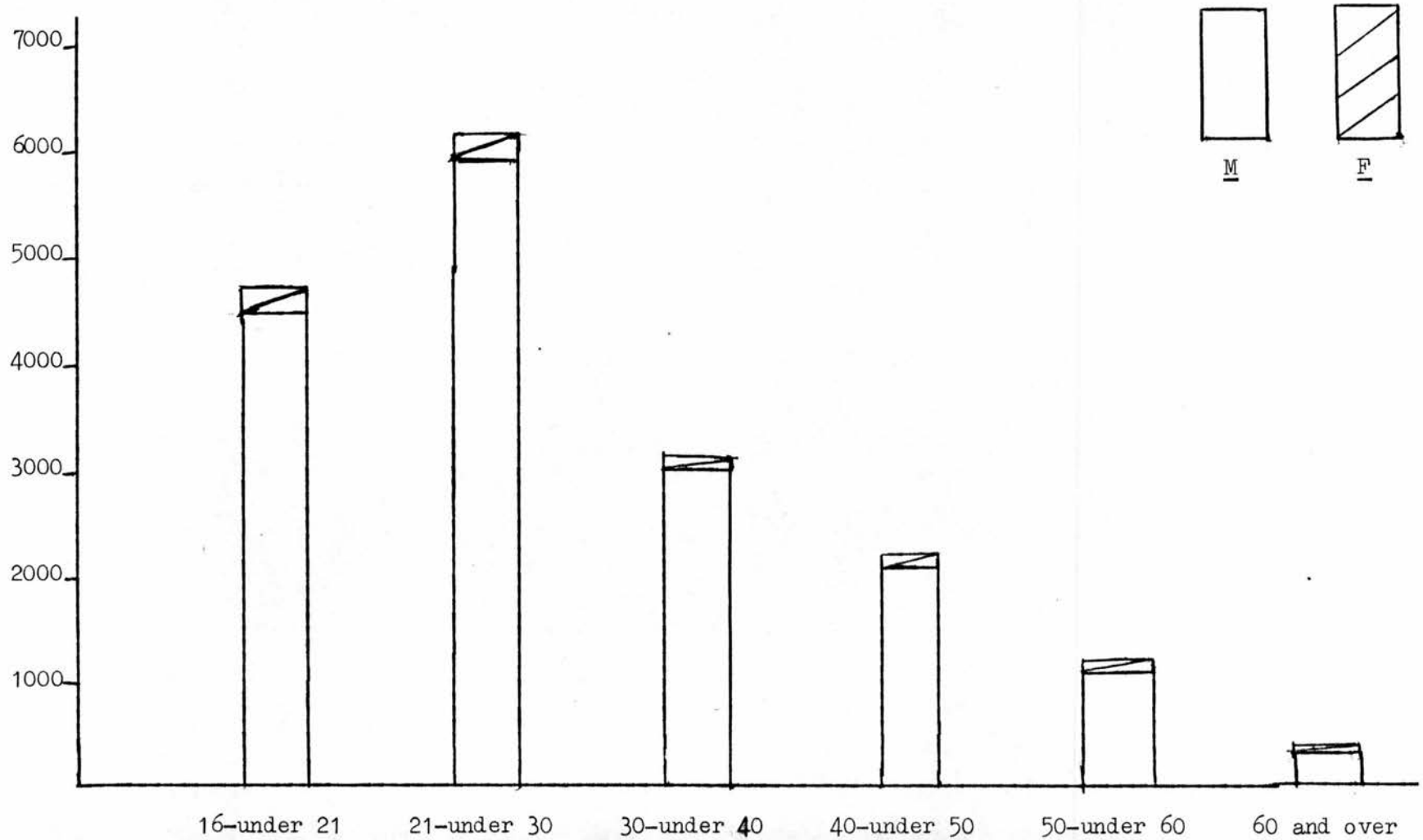


Table IV shows the previous psychiatric history of the transfers. One-quarter of the female transfers and a rather larger proportion - more than one-third of the male transfers had not received any previous psychiatric treatment. More than half the female transfers and more than one-third of the male transfers had previously been treated in a psychiatric hospital on more than 2 occasions. Forty-one of the 73 male transfers had received inpatient psychiatric treatment prior to conviction and 13 of the 20 female transfers had also done so. Neither of these differences were found to be of statistical significance.

There was in addition a rather strong history throughout both male and female transfers of inpatient psychiatric treatment during the 12 months prior to conviction. Twenty-one male transfers and 12 female transfers had received such treatment. The greater number of female transfers who had had inpatient treatment during the 12 months prior to conviction compared to males was found to be statistically significant ($p < 0.01$).

Of those who had been inpatients, 2 male transfers and one female transfer had been committed to hospital during the remand period but not made the subject of a hospital disposal from Court. Attention is again drawn to the fact they relate to transfers and not individuals. Among the females the 2 cases of multiple transfers are both located with those females who have had considerable previous psychiatric treatment of the 4 cases of multiple male transfers, only one is contained within the group of males with 2 or more previous admissions. With 2 of the others their only psychiatric inpatient treatment was that which they received on transfer during

the study and the final multiple male transfers had a history of one period of inpatient care prior to the study.

TABLE IV

PREVIOUS PSYCHIATRIC TREATMENT

	Male Transfers	Female Transfers
No Previous Treatment	28	5
Outpatient Treatment Only	4	2
1-2 Inpatient Admissions	15	2
More than 2 Inpatient Admissions	26	11
TOTAL	73	20

Table V shows the previous criminal behaviour of the transfers as well as their previous exposure to penal institutions. This shows that over half the total of both male transfers and female transfers had served a sentence in the past. This almost certainly under-represents the previous experiences of detention in custody since no information was available about time spent on remand either immediately prior to the most recent conviction as on other previous occasions.

Regarding previous convictions, among male transfers the range was 1-45 (mean 13.4, S.D. 9.8). The 2 males transferred twice during the same sentence are each only included once. Among female transfers the range of previous convictions was 2-28 with one female, who was transferred once, being recorded as having 100 previous convictions. Excluding this extreme case the mean previous conviction was 11.4 (S.D. 9.3).

TABLE V

PAST CRIMINAL HISTORY

Previous Convictions	Male Transfers	Female Transfers
Recorded as having previous convictions	67	17
Not recorded as having previous convictions	6	3
TOTAL	73	20

Previous Institutional Experience	Male Transfers	Female Transfers
Definite evidence of previously having served a sentence in prison, young offenders' institution, borstal or detention centre	44	11
Definite evidence of previously having been in a List D School, but not a penal establishment	4	1
No record of penal institution or of List D School	25	8
TOTAL	73	20

Table VI shows the types of offences which led to conviction. Amongst males, there are about 15% who have been convicted of murder or culpable homicide. All these would have undergone psychiatric examination before their trial. When males convicted of assault, attempted murder and sexual offences are added to the homicide cases then this represents about 40% of total male transfers. The 2 males who were transferred twice during the same sentence are counted only once and the sections in which they feature are indicated. Among females most convictions were for much less serious offences. The one female transferred while serving a long sentence after being convicted for culpable homicide was transferred early in the study on account of personality disorder.

TABLE VI

OFFENCES

Offences	Male Transfers	Female Transfers
Murder	*6	-
Culpable Homicide	4	1
Attempted Murder	3	-
Assault	9	-
Sexual Crimes	*9	-
Arson	4	1
Property Offences (theft, fraud, etc)	18	6
Breach of the peace, drunkenness, vagrancy	18	12
TOTAL	71	20

* Double transfer during same sentence, counted only once

Table VII shows the various types of confinement imposed upon individuals prior to transfer and a breakdown of the lengths of imprisonment imposed. Even when the 2 males who were each transferred twice during a long sentence are taken into account and counted only once, it will be seen that almost half the male transfers had been sentenced to terms of imprisonment of 2 years or longer.

TABLE VII

SENTENCES IMPOSED

Nature of Disposal	Male Transfers	Female Transfers
Detention in terms of Section 206 of the Criminal Procedure (Scotland) Act 1975 or equivalent earlier legislation	3	0
Borstal Training	8	6
Detention	2	0
Imprisonment	*58	14
TOTAL	71	20

Term of Imprisonment	Male Transfers	Female Transfers
Less than 30 days	2	2
30 days to less than 3 months	12	6
3 months to less than 6 months	5	0
6 months to less than 18 months	8	4
18 months to less than 2 years	3	1
2 years to less than 3 years	*5	0
Determinate 3 years or more	16	1
Life/Her Majesty's Pleasure	*7	0
TOTAL	58	14

* Double transfer during same sentence counted only once.

Section B

Comparison between sample of transfer and total group of prisoners admitted during the period of study

The source of information which was used for this comparison was the Prisons in Scotland Reports (1970-1980).

Table VIII shows a comparison between the number of male and female transfers during 1970-1980 inclusive and the total number of receptions from court directly into custody of both males and females during the same period. These receptions represent the total number of "events" which would have resulted in a transfer. It is seen that female receptions from court represent less than 5% of the total but among transfers females represent more than 20%. When male transfers are compared to all male receptions as a ratio, it is seen that transfer occurs in 0.04% of male convictions into custody whereas the similar figure for females in 0.22%. Double transfers during the same sentence were counted only once.

TABLE VIII

COMPARISON BY SEX BETWEEN ALL RECEPTIONS OF PRISONERS ON CONVICTION AND TRANSFERS DURING 1970-1980

Total Receptions from Court (including fine defaulters)

Males	197,140	95.6%
Females	8,972	4.4%
TOTAL	206,112	100%

Total Transfers

Males	71*	78.0%
Females	20	22.0%
TOTAL	91	100%

Ratio of male transfers to total male receptions 0.04%

Ratio of female transfers to total female receptions 0.22%

* Double transfers during the same sentence counted only once.

Table IX examines the sentencing court of the transfer and compares the transfer group in this respect with the total receptions of convicted prisoners to serve sentence. Among male transfers, one-third had been sentenced in the High Court. As before the 2 males transferred twice during the one sentence are counted only once.

In the lower table the sentencing court of all convicted receptions is shown. The period 1970-1979 is taken because in the Prisons in Scotland Report for 1980 the earlier practice of giving receptions by sentencing court was discontinued. The total figures are obtained by adding the annual figures from the Prisons in Scotland Reports 1970-1979 inclusive. About 2% of receptions had come from the High Court and when this is compared with the sentencing court of the 81 transfers during 1970-1979 it is seen that nearly one-quarter were sentenced in the High Court. Double transfers have been counted only once when the double transfer occurred during the same sentence.

TABLE IX

SENTENCING COURT OF TRANSFERS 1970-1980

	Male Transfers	Female Transfers
High	*24	1
Sheriff	*37	12
District	9	4
Not Known	1	3
TOTAL	71	20

*Double transfer during same sentence counted only once.

COMPARISON BY SENTENCING COURT BETWEEN ALL RECEPTIONS INTO CUSTODY OF CONVICTED PRISONERS DURING 1970 -1979 INCLUSIVE AND TRANSFERS DURING THE SAME PERIOD

	All receptions into custody 1970-1979		Total transfers during 1970-1979	
	n	%	n	%
High	4,217	2.3%	*20	24.7%
Sheriff	120,978	66.0%	*44	54.3%
District	58,329	31.7%	13	16.1%
Not known			4	4.9%
TOTAL	183.527	100.0%	81	100.0%

* Double transfer during same sentence counted only once

Section C

Circumstances of Transfer

This section examines the interval between conviction and transfer and the reason for the transfer.

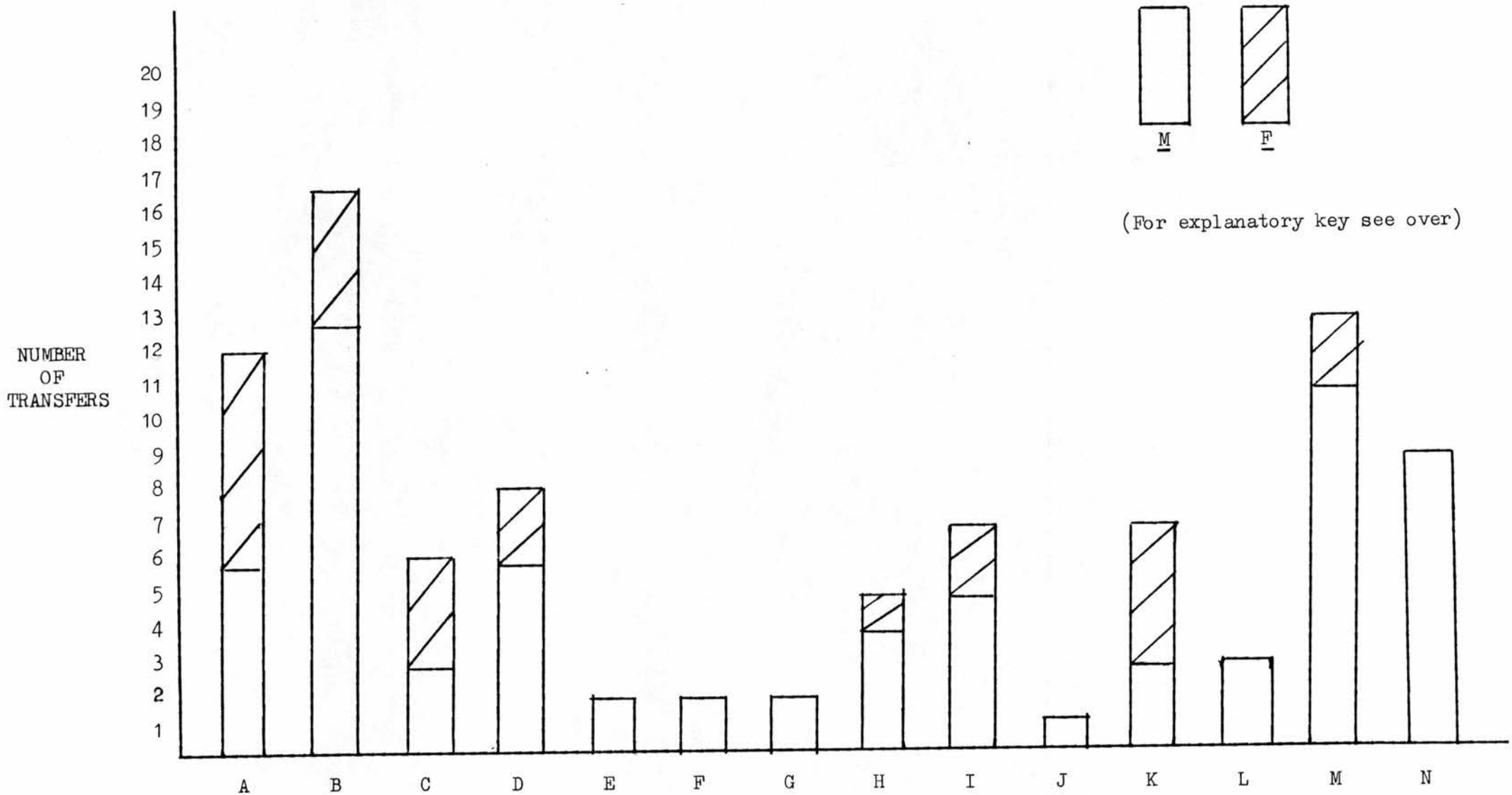
Table X shows the distribution by sex of this interval. Among the 71 male transfers, 18 or about 25% were transferred within one month. Among the females 10 out of the 20 cases were transferred within one month. Among these early transfers there was one male serving 8 months and one female serving 6 months, but all the other early transfers - totalling 28 cases were serving sentences of 3 months or less. The relationship between length of sentence and interval between conviction and transfer will be further examined below. In this table it was decided with regard to the 2 males transferred twice during the same sentence that each individual would only feature once in the table and that the interval recorded would be the interval between conviction and the first transfer.

Among the 71 male transfers, there was a steady number of transfers during the months of the first year and within one year of conviction 50 male transfers or about 70% of the total had occurred. Among females all but 2 of the 20 transfers were effected within a year of conviction.

It is also seen that 10 males or nearly 15% of the total transfer were not removed to hospital until they had served at least 2 years of their sentence.

TABLE X

INTERVAL BETWEEN CONVICTION AND TRANSFER



KEY TO TABLE X

A - Less than 14 days

B - 14 days to less than one month

C - One month to less than 6 weeks

D - 6 weeks to less than 2 months

E - 2 months to less than 3 months

F - 3 months to less than 4 months

G - 4 months to less than 5 months

H - 5 months to less than 6 months

I - 6 months to less than 7 months

J - 7 months to less than 8 months

K - 8 months to less than 9 months

L - 9 months to less than one year

M - One year to less than 2 years

N - Two years or more

Table XI examines further the relationship between sentence and interval between conviction and transfer. In these tables as in Table X the interval in the case of the 2 males transferred twice during the same sentence is taken as the interval up to their first transfer in each case. Their second transfer is thus not included. A direct relationship does appear to emerge between length of sentence and interval.

Comparing males and females the interval with sentences less than 6 months was a mean of about 3 weeks with males and about 2 weeks with females. This difference is of statistical significance ($p < 0.02$).

Comparing male and female transfers when the sentence was 6 months to 2 years the mean for male transfers was 22.2 weeks and for female transfers 13.8 weeks. The number of females was small and when this difference was examined no statistical significance was found ($p > 0.1$).

Males serving sentences of 6 months to 2 years had a similar mean interval to male borstal trainees but the same did not apply to females where the mean with borstal trainees was double the mean for females serving sentences of 6 months to 2 years. The mean for male and female borstal trainees was about identical. None of those differences were examined statistically because of insufficient data.

The interval for males serving sentences over 2 years had a wide range (2 months to 110 months) and a mean of $2\frac{1}{2}$ years. The male transferred after serving 2 months of a 9 year sentence was a rather

special case. At the time of his conviction he was considered to be suffering from a severe endogenous depression. He was sent to prison with the expectation that transfer to hospital would be likely to follow soon thereafter. This sequence of events was considered to be preferable to a hospital order from court since if his depression resolved rapidly with treatment, he could be returned to prison. This case was special in that no other transfer was found in the study where a similar deliberate decision has been made at trial.

TABLE XI

INTERVAL BETWEEN CONVICTION AND TRANSFER - RELATIVE TO SENTENCE

Male Transfers

Sentences of less than 6 months

Sentence	Interval	
14 days	7 days	
24 days	3 days	
30 days	12 days	
30 days	13 days	
30 days	14 days	
30 days	15 days	
30 days	19 days	
30 days	21 days	
30 days	21 days	
30 days	27 days	
30 days	34 days	
60 days	14 days	
60 days	16 days	
60 days	20 days	
60 days	22 days	
60 days	28 days	
60 days	34 days	
3 months	22 days	
3 months	29 days	
3 months	35 days	MEAN 22.2 days
3 months	41 days	
3 months	42 days	S.D. 10.5 days

Sentences 6 months to 2 years inclusive

Sentence	Interval	
6 months	4 weeks	
6 months	5 weeks	
6 months	7 weeks	
6 months	8 weeks	
6 months	12 weeks	
6 months	17 weeks	
8 months	1 week	
12 months	22 weeks	
18 months	28 weeks	
18 months	31 weeks	
18 months	45 weeks	
2 years	12 weeks	
2 years	17 weeks	
2 years	28 weeks	
2 years	30 weeks	
2 years	38 weeks	MEAN 22.8 weeks
2 years	52 weeks	
2 years	54 weeks	S.D. 16.5 weeks

TABLE XI (continued)

Borstal Training

Interval		
7 weeks		
11 weeks		
12 weeks		
22 weeks		
26 weeks		
36 weeks	MEAN	26.1 weeks
39 weeks		
52 weeks	S.D.	16.5 weeks

Sentences over 2 years

Sentence	Interval		
3 years	15 months		
4 years	5 months		
4 years	6 months		
4 years	15 months		
5 years	7 months		
5 years	36 months		
5 years	41 months		
6 years	7 months		
6 years	17 months		
6 years	20 months		
6 years	41 months		
6 years	44 months		
7 years	41 months		
8 years	12 months		
8 years	40 months		
9 years	2 months		
Her Majesty's Pleasure	78 months		
Life	13 months		
Life	16 months		
Life	23 months		
Life	26 months	MEAN	30.0 months
Life	76 months		
Life	110 months	S.D.	27.1 months

TABLE XI (continued)

Female Transfers

Sentences of less than 6 months

Sentence	Interval		
20 days	7 days		
30 days	7 days		
30 days	13 days		
30 days	13 days		
30 days	15 days		
60 days	9 days	MEAN	13.6 days
60 days	21 days		
60 days	24 days	S.D.	6.3 days

Sentences of 6 months to 2 years inclusive

Sentence	Interval		
6 months	1 week		
6 months	3 weeks	MEAN	13.8 weeks
12 months	22 weeks		
21 months	34 weeks	S.D.	13.9 weeks

Borstal Training

Interval		
4 weeks		
5 weeks		
8 weeks		
26 weeks	MEAN	26.7 weeks
56 weeks		
61 weeks	S.D.	26.0 weeks

Sentences over 2 years

Sentence	Interval
12 years	6 months

Table XII shows an attempt to classify diagnostically the nature of the disorder causing transfer. Eighty per cent of male transfers and 60% of female transfers were on account of psychosis. The further subdivisions of the psychosis are only very tentative because of the source of the clinical information and the unstandardised ways in which it was recorded but it was usually clearly apparent whether or not a psychotic state was considered to be present. The 4 males transferred because of their sexual preoccupations were all young men under 21 and these transfers were all in the first half of the period studied. Two of these males were serving sentences of borstal training. There were few transfers on account of mental deficiency.

TABLE XII

DETAILS OF REASONS FOR TRANSFER

	Male Transfers	Female Transfers
Psychosis (probable schizophrenia)	*22	8
Psychosis (probable M.D.P.)	8	2
Psychosis (nature uncertain)	28	2
Management problems - depressed unco-operative, etc	*7	7
Constant sadistic sexual preoccupation	4	-
Mental deficiency (primary)	2	1
TOTAL	71	20

* Male transferred twice during the same sentence on account of the same mental disorder included only once.

Table XIII shows the institutions from which the individuals were transferred. The 2 transfers from other adult prisons were a transfer from a prison in Northern Ireland and a transfer from an English prison. In this latter case the prisoner spent a brief period in an English Special Hospital before being admitted to the State Hospital, Carstairs. The 2 other institutions are an assessment centre and an approved school where in each case a juvenile was being detained after having been convicted of a serious offence.

It was decided for this table that each transfer was to be recorded and that the 2 males transferred twice during the same sentence would have each transfer shown. In one of these 2 cases, the prisoner was transferred from a different prison on the 2 occasions.

TABLE XIII

INSTITUTIONS FROM WHERE TRANSFERS ORIGINATED

Male Transfers

Adult Prisons:	Edinburgh	17
	Perth	16
	Barlinnie	15
	Peterhead	3
	Shotts	1
	All others	2
Young Offender Institutions		7
Borstal		8
Detention Centre		2
Others		2
TOTAL		73

Female Transfers

Adult Prison	17
Borstal	3
TOTAL	20

Section D

Outcome of Transfer

This section describes what happened to the prisoners after they were transferred to hospital.

It was consistently found that a few days only elapsed between the completion by 2 doctors of the Section 66 of the Mental Health (Scotland) Act 1960, the preparation of a transfer direction by the Scottish Office in Edinburgh and then the final stage of the prisoner physically leaving prison for hospital.

Table XIV shows the hospitals to which prisoners were transferred. In this table every transfer event is included equally and the 2 males transferred twice during the same sentence are each included twice. In the case of both these males their 2 transfers were both each to the same hospital on each occasion. Thirty of the 73 male transfers or about 40% were to the State Hospital while only 15% of female transfers were to that hospital. This represents 3 individual females and neither of the 2 female multiple transfers were to the State Hospital.

The remaining 60 transfers were distributed rather unevenly throughout 17 mental hospitals, and these were all ordinary mental illness hospitals throughout Scotland except for single transfers to 2 of the mental deficiency hospitals in Scotland and a final single transfer to an ordinary mental illness hospital in England. The receiving hospital was either determined by the home address of the prisoner or by the fact that the visiting consultant psychiatrist to the prison had control of beds in a local hospital and thus could keep the patient under his own care.

TABLE XIV

HOSPITAL TO WHICH PRISONER TRANSFERRED

	Total Transfer	Male Transfer	Female Transfer
State Hospital	33	30	3
Ordinary Mental Hospital	14	12	2
Ordinary Mental Hospital	9	6	3
Orindary Mental Hospital	7	2	5
Ordinary Mental Hospital	6	5	1
Ordinary Mental Hospital	5	4	1
Ordinary Mental Hospital	4	3	1
Ordinary Mental Hospital	3	1	2
Ordinary Mental Hospital	2	1	1
Ordinary Mental Hospital	2	2	0
Eight other Mental Hospitals - one transfer each	8	7	1
TOTAL	93	73	20

Table XV shows the duration and means of termination of each admission following transfer. On this table, as on the previous table, every transfer is included and each event of multiple transfer is included equally.

The first section of the table shows the fate of males transferred to the State Hospital. Those returned to prison before the expiry of their sentence had spent a mean of 1 year 2 months in hospital. Among those remaining as inpatients at the date of the conclusion of the survey, 31 March 1981, there were 6 whose sentence was still current who had been in hospital a mean of 3 years 8 months and there were a further 6 whose sentence had expired. This latter group had been in hospital a mean of 5 years 9 months after the date of expiry of their sentence.

There were 43 male transfers to ordinary hospital and 26 or 60% of these transfers ended when the individual was released to the community after his sentence had expired. In most of these cases the individual had remained informally in hospital after his sentence had expired. The mean period spent in hospital was about 4 months.

There were 4 transferred males who absconded from an ordinary hospital. All of them were, at the time of absconding, recovered from their mental disorder and liable to be returning to jail soon anyway and in each case, the absconding decided the matter. In 2 of the 4 cases offences were committed while on the run from hospital. The other 2 absconders did not offend again but merely used their freedom to get drunk. Among the transfers who remained in hospital up to the date of expiry of their sentence some as has been mentioned remained informally in hospital thereafter but there were 5 males who were

discharged from hospital on the date that their sentence expired. It is not possible to establish clearly from the notes whether this discharge was on the initiative of the hospital or of the patient but the coincidence of this discharge date is rather striking. One male is recorded as absconding on the day his sentence expired and 7 males left hospital against medical advice when they were informal patients after the expiry date of their sentence.

The 3 females transferred to the State Hospital were all different The one female remaining as an inpatient had been in hospital 3 years 8 months after the expiry date of her sentence when this survey was done.

Among females transferred to ordinary hospital most, as with the males, had remained in hospital after the expiry date of their sentence. The proportion of transfers who so remained, about 60% and the mean period in hospital, about 4 months were the same as were found with male transfers to ordinary hospitals. There were 2 females who absconded from hospital when they became informal on the date that their sentence expired and another who demanded her discharge against advice at this time. No evidence was found of any serious consequences or further offending following upon irregular discharge after the date of expiry of the sentence with either male or female transfers.

TABLE XV

DURATION OF HOSPITAL TREATMENT AND MEANS OF TERMINATION

Male Transfers

Transfers to State Hospital, Carstairs

	n	range	mean
Returned to prison before expiry of sentence	10	2 months 3 years 5 months	1 year 2 months
Released after expiry of sentence by discharge to community	5	1 year 5 months 5 years 6 months	3 years 5 months
Released after expiry of sentence by transfer to ordinary hospital	2	5 months- 3 years 1 month	
Died in hospital	1	1 month	
Remaining as inpatient on 31.3.81 sentence still current	6	5 months 9 years 4 months	3 years 8 months
Remaining as inpatient on 31.3.81 sentence having expired	6	4 years 1 month- 9 years 1 month	7 years 8 months
TOTAL	30		

The 6 cases who had remained in hospital after the expiry of their sentence had been held over a range of 1 year 6 months - 9 years 8 months (mean 5 years 9 months) after their sentence had expired.

TABLE XV (continued)

Transfers to Ordinary Hospitals

	n	range	mean
Returned to prison before expiry of sentence	8	3 weeks–48 weeks	13 weeks
Discharged from hospital to community after expiry of sentence	26	1 week–2 years	17 weeks
Discharged after expiry of sentence to another ordinary hospital	3	1 month, 3 months, 4 months	
Remaining as inpatient after expiry of sentence on 31.3.81	2	18 months, 22 months	
Absconded before date of expiry of sentence and returned to prison when recaptured	4	3 weeks, 4 weeks, 5 weeks, 2 months	
TOTAL	43		

TABLE XV (continued)

Female Transfers

Transfers to State Hospital, Carstairs

	n	range	mean
Remain as inpatient on 31.3.81	1	4 years 7 months	
Released to ordinary hospital after date of expiry of sentence	1	5 years 7 months	
Return to prison before expiry of sentence	1	5 years 4 months	
TOTAL	3		

Transfers to Ordinary Hospitals

	n	range	mean
Remain as inpatient on 31.3.81 after expiry of sentence	3	2 months, 8 months, 1 year	
Released to community after date of expiry of sentence	10	3 weeks–35 weeks	18 weeks
Returned to prison before expiry of sentence	3	3 weeks, 3 weeks, 4 weeks	
Insufficient information	1		
TOTAL	17		

In order to study further the length of prison transfers in the State Hospital a small separate study was made as shown in Table XVI. This was a comparison between all the prison transfers and all male first admissions from court to the State Hospital during the same period. This thus includes all males admitted on a hospital order, with or without restriction and all those admitted after being found insane and unfit to plead or insane at the time of the offence. Readmissions were not included neither were admission on remand.

It will be seen from the tables that no difference emerged between prison transfers and admission from court who were still inpatients on 31 March 1981. It could not be determined whether those released had remained a significantly shorter period in hospital than court admission who had been released because the data on transfers was insufficient for statistical analysis. However, the length of stay of transfers who were returned to prison was brief by State Hospital standards and appeared considerably shorter than the time spent in hospital by those admissions from court who had been released.

In this table all transfers were included and the double transfers to the State Hospital, during the same sentence, was included twice.

TABLE XVI

COMPARISON BETWEEN MALE TRANSFERS TO THE STATE HOSPITAL FROM 1970-1980 AND MALE ADMISSIONS FROM COURT DURING THE SAME PERIOD

	Prison Transfers	Court Admissions
Remaining as inpatient on 31.3.81	12	100
Range	5 months to 9 years 10 months	3 months to 11 years 1 month
Mean	5 years 4 months	5 years
Release from hospital	7	76
Range	5 months to 5 years 6 months	3 months to 11 years
Mean	3 years 0 months	4 years 2 months
Returned to prison before EDR	10	
Range	2 months to 3 years 5 months	
Mean	1 year 2 months	
Died in hospital	1	4
TOTAL	30	180

Section E

Clinical Features of Transfers

Table XVII gives a table of the 5 groups into which the transfers have been divided on the basis of their main clinical features. Part of this table is also a list of some of the features of all the transfers in each group. An important limiting factor in this section is that all details about the transfers including clinical details have been obtained solely from case notes and such details were not recorded in the notes in any uniform manner.

Group A contains all those transfers on account of a psychotic illness when there was also a history of inpatient psychiatric treatment for a similar illness at some time prior to conviction. There were 43 transfers in this group, representing 33 male transfers (31 males) and 10 female transfers (8 females). Two males were each transferred twice and one female was transferred 3 times. One of the 2 males was transferred twice during the same sentence and all the other multiple transfers were during different sentences. Two other males who were transferred and appeared in this group were both transferred also on other occasions during different sentences and appeared once each in Group B.

Only 8 of the 43 transfers were to the State Hospital and over half the transfers ended by the individual being discharged from hospital to the community after the sentence had expired.

Group B are also transfers on account of a psychotic illness but in these cases there was no history of previous psychotic illness prior to conviction and certainly no record of the individuals having been

admitted to hospital for this reason. There were 21 transfers in Group B, and every transfer was male. From the definition of Group B no individual could appear on it more than once but as had been stated, 2 males who do appear in Group B were during a subsequent sentence transferred again and they then appear in Group A.

This group was gathered in order to try to establish from this Scottish Study whether there are any features of mental illness which develops for the first time during a sentence, which might emerge.

The interval between conviction and transfer varied widely with a range of 1 month to 110 months and mean of 23.8 months (S.D. 30.0 months). The duration of inpatient treatment also varied widely with a range of 1 month to 127 months and mean of 25.1 months (S.D. 37.5 months).

If transfer to ordinary hospitals are excluded and only the more serious offenders doing longer sentences who were transferred to the State Hospital are examined then there are 11 cases remaining. The interval between conviction and transfer now has a range 4 months to 78 months with a mean of 37.9 months (S.D. 34.8 months). The duration of inpatient treatment now has a range of 1 month to 127 months with a mean of 44.9 months (S.D. 43.5 months). Nine of the 21 transfers ended when the prisoner was returned to prison. Six transfers were still inpatients when the study concluded on 31 March 1981, 4 had been discharged to the community, 1 transferred to hospital and 1 died.

Five or nearly one-quarter of the transfers had been charged with murder, 4 had been convicted of this crime and the fifth had been convicted of culpable homicide.

When the features of those Group B cases are compared with those in Group A it is found that, there were, no females in Group B but 10 female transfers in Group A.

Compared by age the mean age of Group A male transfers was 33.52 years (S.D. 11.01 years), while the mean age of Group B transfers was 26.43 years (S.D. 7.25 years). This difference is not significant statistically.

Compared by length of sentence 8 of the 33 male transfers in Group A were doing sentences over 2 years while in Group B there were 11 out of 21. This difference is significant ($p < 0.05$).

Compared by receiving hospitals 9 out of 33 male transfers in Group A were to the State Hospital while 11 out of 21 transfers were to that hospital. This difference is also significant ($p < 0.1$).

The interval between the conviction and transfer cannot be compared between the 2 groups because of the differences which have already been demonstrated between the lengths of sentences of the groups. Comparing disposal from hospital would not be helpful since prisoners serving longer sentences, as Group B have been shown to be, are therefore liable to be held in hospital longer while their sentence is current compared with Group A transfers during a shorter sentence.

No pattern of frequency emerged with either group of transfers during the 11 years studied and the number of transfers in each group did not appear to alter throughout the period.

Group C were transfers on account of personality disorder. Group C (i) were when the disorder mainly had paranoid, aggressive, sadistic or

psychopathic features. It will be seen that most of those transfers were during the earliest years of the study, all but one were male transfers and all but one were to the State Hospital. There were 11 transfers representing 10 individuals since one male was transferred twice during the same life sentence. The mean age of the 10 male transfers was 25.1 years (S.D. 10.7 years). This is clearly not significantly different from the age of Group B transfers and when compared with Group A, male transfers, a significant difference is found ($p < 0.05$).

Group C(ii) were cases of inadequate personality disorder. All but 2 of the 10 cases were female and they tended to be during the earlier years of the study but not so markedly as with Group C(i). Only 2 of the transfers were to the State Hospital which was very different from the finding with Group C(i). One female was transferred twice within this group. The mean age of all those transfers on the grounds of inadequacy was 17.9 years (S.D. 2.42 years).

Group D are the only 3 cases transferred on account of mental deficiency.

Group E were cases where the mental disorder requiring transfer was alcohol related, either alcoholic hallucinosis or some other form of acute or in 2 cases, a more chronic organic deficit state. The mean age of this group was 49.4 years (S.D. 6.3 years). There were transfers on account of this type of problem during the second half of the study.

The tables present other information such as prison of origin of the transfer interval between conviction and transfer, duration of transfer and disposal from hospital. These details have already been specifically discussed.

TABLE XVII

Clinical Features of Transfer

Group A Transfers on account of a psychotic illness with a history of previous psychotic illness requiring inpatient psychiatric care prior to conviction:

43 transfers

Group B Transfers on account of a psychotic illness when there was no history of inpatient psychiatric care:

21 transfers

Group C Transfers on account of personality disorder:

(i) Main features were paranoid, aggressive, sadistic or psychopathic traits.

(ii) Main feature was inadequacy.

21 transfers

Group D Transfers on account of mental deficiency:

3 transfers

Group E Transfers on account of alcohol related mental disorder:

5 transfers

TOTAL 93 transfers

(Symbols denote the same individual)

GROUP A

	SEX	AGE	YEAR OF TRANSFER	OFFENCE	SENTENCE	PRISON	INTERNAL BEFORE TRANSFER	HOSPITAL	DURATION IP	DISPOSAL FROM HOSPITAL
	M	47	1970	Vagrancy	60 days	Edinburgh	28 days	Ordinary	10 weeks	Discharge to Community
*	F	36	1970	Breach	60 days	Greenock	9 days	Ordinary	3 weeks	Return to prison
	M	40	1971	Att. Murder	Life	Perth	1yr 11mth	State	9yr 4mth	Remains IP
	M	30	1971	Theft	6 mths	Barlinnie	4 weeks	Ordinary	5 mths	Discharge to Community
	M	23	1971	Breach	60 days	Barlinnie	16 days	Ordinary	14 weeks	Discharge to Community
	M	46	1972	Theft	30 days	Edinburgh	19 days	Ordinary	7 mths	Discharge to Community
	M	34	1972	Theft	30 days	Edinburgh	13 days	Ordinary	2 mths	Discharge to Community
	M	20	1972	Theft	Borstal Training	Borstal	7 weeks	Ordinary	1 mth	Transfer to Ord. Hospital
	M	51	1972	Assault	1 year	Edinburgh	5 mths	Ordinary	3 mths	Discharge to Community
	F	33	1972	Assault	30 days	Greenock	15 days	Ordinary	8 mths	Discharge to Community
	M	26	1973	Assault	30 days	Barlinnie	20 days	Ordinary	3 weeks	Discharge to Community
	M	21	1973	Breach	60 days	Barlinnie	20 days	Ordinary	9 mths	Discharge to Community
	M	51	1973	Theft	6 mths	Edinburgh	4 mths	Ordinary	3 weeks	Discharge to Community
	M	20	1973	Breach	3 mths	YOI	22 days	Ordinary	3 mths	Transfer to Ord. Hospital
⊙	M	38	1974	Ind. Assault	2 years	Perth	2mth 3wks	Ordinary	5½ mths	Return to prison
	M	41	1974	Breach	30 days	Barlinnie	21 days	Ordinary	11 weeks	Discharge to Community
	M	24	1974	Theft	6 mths	Barlinnie	1mth 3days	Ordinary	3 weeks	Discharge to Community
	M	41	1975	Assault	2 years	Perth	1yr 2wks	Ordinary	3 mths	Discharge to Community
⊙	M	39	1975	Ind. Assault	2 years	Perth	1yr 3mth	Ordinary	6 mths	Discharge to Community
*	F	41	1975	Assault	60 days	Cornton Vale	24 days	Ordinary	4 mths	Discharge to Community
	M	29	1976	Culp.Homicide	9 yrs	Barlinnie	1mth 3wks	State	4yrs 8mths	Remains IP
	M	22	1976	Theft	2 years	Barlinnie	1 year	State	5 mths	Transfer to Ord. Hospital
□	M	21	1976	Att. Murder	5 years	Perth	6mths 2wk	State	4yr 4mths	Remains IP
	M	34	1976	Assault	60 days	Perth	14 days	Ordinary	3 mths	Discharge to Community
	F	22	1976	Breach	30 days	Cornton Vale	13 days	Ordinary	11 weeks	Discharge to Community

GROUP A (CONT.)

	SEX	AGE	YEAR OF TRANSFER	OFFENCE	SENTENCE	PRISON	INTERNAL BEFORE TRANSFER	HOSPITAL	DURATION IP	DISPOSAL FROM HOSPITAL
O	M	26	1977	Murder	Life	Perth	2yr 2mths	State	3yr 4mths	Remains IP
	M	20	1977	Assault	30 days	YOI	15 days	Ordinary	4 mths	Discharge to Community
	F	39	1977	Vagrancy	20 days	Cornton Vale	7 days	Ordinary	3 yr 6mths	Remains IP
	M	34	1978	Cul.Homicide	8 years	Edinburgh	1yr 5 days	State	5 months	Return to prison
	M	32	1978	Vagrancy	30 days	Edinburgh	21 days	Ordinary	4 weeks	Discharge to Community
	M	34	1978	Theft	24 days	Edinburgh	3 days	Ordinary	22 days	Discharge to Community
	F	26	1978	House break	6 months	Cornton Vale	8 days	Ordinary	3mths 1wk	Discharge to Community
	M	34	1979	Fraud	30 days	Perth	12 days	Ordinary	1yr 7mths	Remains IP
	M	51	1979	Mal.damage	1 mth	Edinburgh	24 days	Ordinary	1yr 10mths	Remains IP
	F	25	1979	Assault	6 mths	Cornton Vale	21 days	Ordinary	22 days	Return to prison
*	F	46	1979	Breach	30 days	Cornton Vale	7 days	Ordinary	4 mths	Discharge to Community
	M	58	1980	Att. Rape	6 years	Belfast	1yr 8mths	State	6 mths	Return to prison
	M	39	1980	Assault w.i	7 years	Edinburgh	3yr 5mths	State	11½mths	Return to prison
	M	41	1980	Cul.Homicide	6 years	Shotts	7 mths	State	1yr 3mths	Remains IP
	M	19	1980	Housebreak	60 days	YOI	35 days	Ordinary	7 weeks	Return to prison
	M	20	1980	Traffic Off	8 mths	YOI	9 days	Ordinary	5 mths	Return to prison
	F	26	1980	Theft	30 days	Cornton Vale	13 days	Ordinary	8 mths	Discharge to Community
	F	39	1980	Arson	1 year	Cornton Vale	2 mths	Ordinary	3yr 4mths	Remains IP

GROUP B

SEX	AGE	YEAR OF TRANSFER	OFFENCE	SENTENCE	PRISON	INTERNAL BEFORE TRANSFER	HOSPITAL	DURATION IP	DISPOSAL FROM HOSPITAL
M	18	1970	Ind.exposure	Borstal Training	Borstal	1 year	State	18yr 7mths	Remains IP
M	19	1970	Theft	Borstal Training	Borstal	3 mths	Ordinary	3 mths	Return to prison
M	31	1971	Wounding w.i.	5 years	Eng. prison	3 years	State	9yr 10mths	Remains IP
M	16	1971	Assault	Borstal Training	Borstal	5 mths	Ordinary	3 weeks	Return to prison
M	36	1972	Reset	3 years	Peterhead	1 yr 3mth	State	3 yr 1mth	Transfer to Ord. Hosp.
M	20	1972	Mal.damage	6 mths	YOI	7 weeks	Ordinary	3 mths	Discharge to Community
M	22	1972	Arson	5 years	Peterhead	3yr 5mths	Ordinary	3mths	Discharge to Community
M	27	1975	Murder	Life	Edinburgh	1yr 4mths	State	5yr 1mth	Remain IP
M	39	1975	Assault	19mths	Barlinnie	6½ mths	Ordinary	6 mths	Discharge to Community
M	25	1975	Assault	4 years	Barlinnie	5mths	Ordinary	11mths	Return to Prison
M	39	1975	Theft	18 mths	Barlinnie	3 weeks	Ordinary	3 weeks	Return to Prison
M	26	1976	Murder	Life	Perth	6yr 4mths	State	1yr 10mth	Return to Prison
M	31	1976	Lewd & Lib	4 yrs	Edinburgh	1yr 3mths	State	4yr 5 mths	Remains IP
M	31	1977	Culp.Homicide	8 years	Edinburgh	3yr 4mths	State	1yr 3mths	Return to prison
M	25	1977	Murder	Life	Edinburgh	6yr 6mths	State	6½ mths	Return to prison
M	22	1977	Assault	2 years	Perth	4mths	State	4yr 1mth	Remains IP
M	37	1979	House break.	2 years	Perth	6mths 2wks	Ordinary	23 days	Return to prison
M	18	1979	Theft	Borstal Training	Borstal	8mths 2wks	Ordinary	7 weeks	Discharge to Community
M	18	1979	Assault	Borstal Training	Borstal	11 weeks	Ordinary	2 mths	Return to prison
M	26	1980	Assault w.i.	5 years	Perth	1yr 3mths	State	5mths	Remains IP
M	29	1980	Murder	Life	Perth	9yr 2mths	State	1 mth	Died

GROUP C (i)

SEX	AGE	YEAR OF TRANSFER	OFFENCE	SENTENCE	PRISON	INTERNAL BEFORE TRANSFER	HOSPITAL	DURATION IP	DISPOSAL FROM HOSPITAL
M	44	1970	Ind.Assault	3 mths	Edinburgh	7 weeks	Ordinary	5 weeks	Discharge to Community
M	16	1971	Arson	Borstal Training	Borstal	6 mths	State	3yr 4mths	Discharge to Community
F	41	1971	Culp.Homicide	12 years	Greenock	6 mths	State	5 yr 4mths	Return to prison
+ M	32	1972	Murder	Life	Peterhead	1yr 1mth	State	3yr 5mths	Return to prison
M	17	1972	Rape	6 years	YOI	3yr 5mths	State	7yr 8mths	Remains IP
M	25	1972	Att. Murder	6 years	Perth	1yr 5mths	State	2yr 11mths	Discharge to Community
M	15	1975	Assault	2yr Detention	List D	9 mths	State	1 yr 3mths	Discharge to Community
M	17	1975	Ind.Assault	Borstal Training	Borstal	9 mths	State	4yr 3mths	Discharge to Community
M	15	1976	Arson	4yr Dentention	YOI	6 mths	State	1yr 6mths	Return to prison
M	32	1976	Assault s.i.	6 years	Perth	3yr 8mths	State	2mths	Return to prison
+ M	38	1979	Murder	Life	Perth	7yr 5mths	State	1yr 3mths	Return to prison

GROUP C (ii)

SEX	AGE	YEAR OF TRANSFER	OFFENCE	SENTENCE	PRISON	INTERNAL BEFORE TRANSFER	HOSPITAL	DURATION IP	DISPOSAL FROM HOSPITAL
F	16	1971	Assault	Borstal Training	Borstal	7 weeks	State	5yr 7mths	Discharge to Community
F	16	1971	Assault	Borstal Training	Borstal	1 mth	Ordinary	7 mths	Discharge to Community
F	15	1972	Assault	Borstal Training	Borstal	6 mths	Ordinary	2 weeks	Discharge to Community
F	19	1976	Theft	Borstal Training	Borstal	1yr 1mth	State	4yr 7mths	Remains IP
M	17	1976	Mal.damage	3mth Detention	Glenochil	4 weeks	Ordinary	5 weeks	Discharge to Community
X F	19	1976	Theft	1 yr	YOI	5 mths	Ordinary	4 mths	Discharge to Community
F	16	1976	Assault	Borstal Training	Borstal	1yr 2mths	Ordinary	5 mths	Discharge to Community
X F	20	1978	Theft	1 yr	YOI	8 mths	Ordinary	1 mth	Return to prison
F	23	1979	Theft	60 days	Cornton Vale	21 days	Ordinary	3 mths	Discharge to Community
M	18	1980	Theft	3 mths Detention	Glenochil	5 weeks	Ordinary	5 weeks	Discharge to Community

GROUP D

SEX	AGE	YEAR OF TRANSFER	OFFENCE	SENTENCE	PRISON	INTERNAL BEFORE TRANSFER	HOSPITAL	DURATION IP	DISPOSAL FROM HOSPITAL
M	16	1972	Assault	2 yr Detention	Assm't Cent	6 mths	State	5yr 6mths	Discharge to Community
M	30	1973	Theft	3 mths	Edinburgh	7 weeks	Ordinary	2 years	Discharge to Community
F	16	1975	Waste. P.T.	Borstal Training	Borstal	5 weeks	Ordinary	4 mths	Discharge to Community

GROUP E

SEX	AGE	YEAR OF TRANSFER	OFFENCE	SENTENCE	PRISON	INTERNAL BEFORE TRANSFER	HOSPITAL	DURATION IP	DISPOSAL FROM HOSPITAL
M	55	1971	Theft	6 mths	Barlinnie	12 weeks	Ordinary	12 mths	Discharge to Community
M	43	1971	Theft	6 mths	Barlinnie	8 weeks	Ordinary	1 mth	Return to prison
M	50	1972	Arson	18 mths	Barlinnie	8 mths	Ordinary	1 mth	Return to prison
M	56	1973	Breach	30 days	Barlinnie	27 days	Ordinary	7 mths	Discharge to Community
M	43	1975	Drunk	14 days	Edinburgh	7 days	Ordinary	6 days	Discharge to Community

This account of the results from the Scottish Study ends with a selection of case histories. These describe actual individual cases and are not in any way composites. Confidentiality is maintained by omitting certain details but no factual details of any kind have been changed. These histories are included in order to convey the complex and varied nature of the problems which some of the transfers presented. The cases have been selected as being typical and representative of some of the types which were encountered.

Case 1

This 32 year old single man had for 10 years, been living in the larger Scottish cities, at times in lodgings and at other times sleeping rough. He drank to excess and had many previous convictions for minor offences. He had been a student but had adopted his present life-style after an episode of psychiatric illness and since then he had been admitted and examined on many occasions but opinions were not consistent either about the type of psychosis from which he suffered or indeed if there was any psychotic process whatsoever. Three weeks after receiving a 30 day sentence for vagrancy he was transferred to a local hospital because he was fouling his cell and talking incoherently and seemed totally unable to care for himself in any way. His clinical state improved rapidly with antipsychotic drugs and he was discharged much improved to live in lodgings. His short admissions to hospital continued and he has more recently been maintained in a more satisfactory state with outpatient contact and continued regular medication. The diagnosis is considered to be schizophrenia.

Case 2

This 34 year old man was transferred to a local hospital and he had

served 2 weeks of a 60 day sentence for wife assault and malicious mischief. He had a family history of schizophrenia and himself developed schizophrenia while serving a short sentence of a similar nature several years previously. He had not been transferred during this sentence but had been admitted to hospital as soon as his sentence ended. His personal history showed a pattern of behaviour problems from adolescence and he had attended a List D School and been through borstal training and during his adult life he had tended to abuse alcohol and wander the country changing jobs frequently even though he was married. In prison before his transfer he displayed Sneiderian First Rank Symptoms and he was assaultive of prison staff. In hospital he remained psychotic for a few weeks and then steadily improved with phenothiazine drugs and ECT. He was discharged home to live with his wife but after about 6 months he began to default on follow up and did not receive medication and his pattern of drunkenness and assaults began again. He returned to hospital and again improved with treatment and soon thereafter he left the area with his children to live with his sister, his marriage having apparently ended. The only information available after this was that he had again become involved with the psychiatric services.

Case 3

A 41 year old man serving a 6 year sentence for culpable homicide. He had been married but had developed schizophrenic illness in his mid-twenties and for 10 years or so he had been homeless, drinking to excess and had accumulated a record of 38 convictions for assaults, thefts and minor offences. He had also been admitted on many occasions to local psychiatric hospitals with a diagnosis of schizophrenia. Psychiatric examination at the time of his trial did not suggest hospital

treatment at that time but after 7 months in prison he was transferred to hospital because he had developed acute psychotic features and was behaving in response to his delusions. He remained unwell for a few months in hospital but then recovered and had no further acute symptoms although his psychotic deficit state persisted. He was ultimately transferred back to prison to continue his sentence.

Case 4

A 25 year old man sentenced to life imprisonment for the murder of his father when he was a teenager. He had no history of psychiatric illness and had no previous convictions and his premorbid personality seemed good. He was mentally well for over 7 years of his sentence until he developed an acute psychotic illness. He was deluded and garrulous, and believed, for example, that he had special religious powers. He remained ill in hospital for a few weeks before recovering steadily and he was returned to prison after 6 months. He has remained fairly well thereafter but some reports state a degree of deficit has been left by the illness.

Case 5

A man aged 26 when transferred to hospital. He had by that time served 15 months of a 5 year sentence imposed for a sexual assault. He had no recorded history of previous psychiatric illness or previous convictions. He developed an acute schizophrenic illness and was still mentally unwell after he had been in hospital for 5 months.

Case 6

A man who had been convicted of murder when he was aged 20 and sent to prison for life. He had no history of psychiatric upset previously, but had 13 previous convictions and had served sentences of detention

and borstal training. He was transferred to hospital after serving over 6 years of his sentence and since conviction there were records of 4 separate episodes of paranoia and delusions that he was being poisoned. One of these had responded to drug treatment and the others had resolved spontaneously. At the time of transfer he was convinced he was being poisoned and believed that proof of this was the fact that his body had changed in various ways. His paranoid psychosis settled slowly over the next year and he remained well thereafter and he was returned to prison.

Case 7

This 18 year old youth had been sentenced to borstal training after he had attacked his mother and threatened her with a knife. He had no history of psychiatric treatment of any kind and had no previous convictions for theft, breach of the peace and indecency. His father is reported as being grossly eccentric and may well be psychotic, but the family otherwise were well. He, himself, was well for the first month or so in borstal and had been well previously when on remand for reports, but he then developed acute hypomania and was restless, overactive and deluded. He was transferred to a local hospital where he recovered slowly over 2 months, but he absconded when he was due to return to borstal and was recaptured and taken into custody on charges of assault following offences committed while on the run from the local hospital. He was sentenced for these offences to one year in a Young Offenders Institution and before sentence he was examined psychiatrically and found to be well and not in need of treatment. While he was serving this sentence he again became hypomanic and had to be transferred to a local mental hospital where he still remained 3 months later.

Case 8

A girl of 16 given borstal training for assault. She was on the run from a List D School at the time of the offences and despite her years had a lengthy history of overdoses and behaviour disorder. She claimed she had been the victim of a rape before the offence. In borstal she was depressed and swallowed needles and never settled into the routine of the institution. She was admitted after a few months to her local hospital where her behaviour rapidly improved over 2 weeks and returned to stay with her family. It is not clear why she did not return to borstal. Her unstable behaviour continued with several more admissions and with a pattern of overdoses, drinking and promiscuity.

Case 9

A man of 31 transferred to hospital after serving 3 years of an 8 year sentence for culpable homicide. He was unmarried and had been epileptic since the age of 16. He had 12 previous convictions for offences, all since he became epileptic. His behaviour in prison had been a problem throughout and he was violent and very irritable. His paranoid attitudes increased and he became grandoise and unmanageable in the prison environment although no definite psychotic features were found. In hospital he improved slowly, but remained paranoid and pompous, but was not considered to be psychotic. He was returned to prison after 15 months in hospital and although improved he remained an odd egocentric man.

Case 10

A 20 year old youth serving a 6 year sentence for theft and rape. He had a long history of conduct disorder and institutional care. He had done borstal training and had convictions for theft and arson. He was

transferred because of constant sadistic sexual fantasy together with a very rich fantasy life. In court he believed he was a famous film star. He had served over 3 years of his sentence at the time of transfer and he had been in hospital for over 7 years. There has never been firm evidence of psychosis and although initially he was arrogant, uncooperative and litigious this became less of a feature as time passed.

Case 11

A woman of 23 transferred after serving less than half of a 60 day sentence for theft. She had no recorded criminal record but was single and from the age of 17 had been leading a wandering and rather aimless life with a pattern of drug and alcohol abuse and promiscuity. She was of low IQ and had been admitted 4 times to local mental hospital - 3 times informally and once by the police under Section 104 of the Mental Health (Scotland) Act 1960. These admissions were of only a few days duration. At the time of her transfer she was described as being hallucinated, hearing a commentary on her actions and hearing her thoughts repeated aloud. She was also paranoid. These symptoms resolved rapidly in hospital with a small dose of Largactil and she began absconding. She also insisted that she had simulated illness to get out of prison and that she had never heard voices. Most of the reports on her opt for a diagnosis of psychosis at the time of transfer. Time would be likely to confirm one way or the other whether her own explanation of her symptoms was correct but there was no information about her future health from the notes available.

Case 12

A youth of 16 transferred after serving 5 months of a sentence of

borstal training imposed for theft, assault and breach of the peace. He had a considerable record of similar offences and had been in a List D School but had no previous psychiatric history. He reported seeing off creatures outside his cell and his description of them could have fitted a comic-strip representation of a visitor from outer space. He put bread out for these creatures. When taken to hospital he immediately ceased seeing these strange sights and was returned to borstal after 2 weeks having been considered to have simulated the whole thing. Four months later while still in borstal, he was again complaining of seeing these creatures but psychiatric examination did not find any evidence of psychosis. After release from borstal he had an admission to another local hospital and also served a Young Offender's sentence and then when aged 20 he was charged with attempted murder and assault. Psychiatric examination before his trial did not find evidence of psychosis and he was sentenced to 5 years imprisonment. After serving 6 months of this sentence he was transferred to the State Hospital because he was refusing to eat and stated that he was under the direct command of God whose voice he claimed he could hear. Full evaluation in the State Hospital found him to be suffering from schizophrenia and since that time he has never fully recovered. He now has a definite schizophrenic deficit state. This lengthy case history shows the difficulties of assessing and labelling patients of this nature. The subsequent illness clearly casts doubts upon the earlier impression that his illness was simulated although these opinions seem reasonable in view of what was known at that time.

Case 13

A 17 year old youth transferred to a local hospital from detention centre where he had served about 4 weeks of his 3 month sentence. He

had lacked parental control for some years and had been delinquent and impulsive but had not served sentences of any kind. He had been in another local hospital because of depression earlier in the year. He never adapted to detention and slashed his wrists in response, he stated, to a voice which he heard. As soon as he arrived in hospital he showed no further psychotic features of any kind but was moody and egocentric. He discharged himself by default as soon as his date of release was reached. During subsequent years he has continued to require psychiatric care because of his suicidal behaviour but has never shown evidence of psychosis. This youth clearly has a very inadequate personality and it is a matter for debate the degree to which he has ever been able to cope and he tends to decompensate repeatedly. The evidence for a definite feigned illness is rather slender.

Case 14

A middle aged habitual, criminal who had served many sentences for assaults, thefts and rape. He had no history of psychiatric illness but had been examined on occasions while in prison and been considered to be of unstable personality. After serving 10 months of an 18 month sentence he was transferred to an ordinary hospital because he was considered to be paranoid and hallucinated. He described a "system which could cause the death of millions". On arrival in hospital all psychosis cleared very rapidly and he began absconding and failing to cooperate. He was caught in the community 3 weeks later and returned to prison and subsequently sentenced to a further 4 years for offences committed whilst on the run from hospital. It was considered that his psychosis was either very transient or was simulated but in this context it is noteworthy that his symptoms if they were simulated had developed when he was only 2 months away from

his release date. His progress thereafter is of interest since while serving his 4 years he again complained of psychotic symptoms but these, it is alleged, ceased when he was told that in the event of their continuing the hospital to which he would be transferred would be the State Hospital. While serving yet another sentence his psychotic-like symptoms have returned again but to date he has not been transferred again to hospital.

CARSTAIRS STUDY 1981-1983

METHOD

The group was composed of all transfers into the State Hospital, Carstairs, in terms of Section 66 of the Mental Health (Scotland) Act 1960 during 1981-1983 inclusive. The author commenced duties as a Consultant Psychiatrist at that hospital on 1 December 1981 and was able to personally interview all the patients in the study. The author was responsible medical officer to 3 of the cases and in addition interviewed 6 of the prisoners in penal institutions prior to transfer at the time that a decision was being made about whether they should be accepted by the State Hospital. Information was gathered mainly from interviews but case notes and other records were consulted.

All patients were interviewed at least once and were subjected to a normal clinical examination as would be used by the author for an assessment of a new case. This involved taking a history to the limits that the clinical state would permit and examining the mental state. Further clinical information regarding background and progress was obtained either from further interviews or from periodic scrutiny of the case notes and after discussion with the patient's responsible medical officer and other staff who had knowledge of the patient, particularly psychiatrists and prison staff who had known him during his time in prison prior to transfer and the prisoner's relatives if possible. The author clearly had frequent personal contact with the 3 patients for whom he was responsible medical officer and was involved and responsible for all matters in relation to them.

By all these means it was intended to gain as much information as possible about the patients and the nature of the problems which were present.

RESULTS

During the 3 years, 16 individuals were transferred as shown in Table XVIII (15 males and 1 female). The pattern of occasional multiple transfers as in the Scottish Study was found in this study also, in that one individual in this study had during the time of the Scottish Study also been transferred to hospital. This had occurred during a previous sentence and had been to an ordinary hospital. Another individual was transferred to a local hospital in terms of a Section 66 Certificate but fairly promptly returned to prison and a few months later during the same sentence was transferred again, this time to the State Hospital and came into our study.

Regarding the age of transfer, the range in this Carstairs Study was 19 years - 67 years with a mean of 32.3 years (S.D. 12.6 years). The age range for all the transfers of the State Hospital in the Scottish Study was 15 years - 58 years with a mean of 27.6 years (S.D. 9.8 years). This difference is not significant ($p > 0.1$).

The previous psychiatric treatment of the group is also shown on Table XVIII. Ten individuals had never previously received psychiatric care, 6 had been inpatients prior to the date of their conviction. Of these, 3 had received inpatient care during the one year prior to conviction. Comparing this with the prisoners sent to Carstairs in the Scottish Study, 13 out of 33 cases had received inpatient care previously. This difference is not significant ($p > 0.1$). Of those transfers in the Scottish Study 4 also had received inpatient care during the one year immediately prior to conviction.

Regarding previous institutional experience, all but 2 had served

sentences in either a borstal, a young offender's institution or adult prison prior to receiving the sentence during they they were transferred. None of the 16 were first offenders.

Concerning the offences, 3 of the transferred prisoners had been convicted of acquisitive crimes and of those remaining 4 had been convicted of murder, 2 convicted of sexual offences, 6 of assault and one of fire-raising.

When the length of the sentences being served was considered one prisoner was serving 18 months and all other sentences were in excess of this. There were 5 life sentence prisoners and the remaining 10 prisoners were serving determinate sentences totalling 53 years. None were serving young offender sentences or other types of custodial sentences.

TABLE XVIII

Number of Transfers

	Male Transfers	Female Transfers	
1981	5	0	
1982	4	0	
1983	6	1	TOTAL 16

Previous Psychiatric Care

No previous treatment	10	
Outpatient treatment only	0	
1 - 2 Inpatient Admissions	3	
More than 2 admissions	3	TOTAL 16

The interval between conviction and transfer is shown on Table XIX. No definite pattern emerged and the range is wide but as with the Scottish Study there was an impression that with long sentences a transfer may be made only after a considerable portion of the sentence had been served. The mean was 21.1 months (S.D. 18.9 months).

The circumstances surrounding 2 cases which do not fit with this trend - the 7 year sentence transferred after 3 months and the life sentence transferred after one month are both rather unusual cases, the details of which will be given when clinical details are being discussed.

The group has an extensive criminal background and among the 16 cases the range of numbers of previous conviction was 3-36, mean 15.5, (S.D. 10.5).

The institutions from which the transfers were received is shown in Table XIX. The details concerning the 2 cases from Rampton Hospital will be discussed in the clinical section.

The details of the duration of the transfers, only extend to 31 December 1983 and at that time 5 of the 16 admissions were no longer in hospital. This is by State Hospital standards, a fairly rapid turnover and is consistent with the trend found in the Scottish Study. Of these 5 patients who had left hospital 4 had been returned to prison to finish their sentence after spending periods in hospital of 3 months, 4 months, 10 months and 28 months. The fifth prisoner who had left hospital had been discharged to the community 2 months after his prison sentence expired having spent a total of 10 months in hospital. The sentence of 2 other prisoners had also expired while they were in hospital and they remained in hospital on 31 December 1983. At that

time they had been inpatients in the State Hospital for 25 months and 31 months and had remained for 6 months and 19 months respectively after the expiry of their sentence.

There remained 9 transferred prisoners from the group who were still in hospital on 31 December 1983 and whose sentence was still current.

TABLE XIX

INTERVAL BETWEEN CONVICTION AND TRANSFER

Sentence	Interval	
18 months	4 months	
2 years	8 months	
3 years	2 months	
3 years	4 months	
3 years	12 months	
4 years	34 months	
5 years	25 months	
7 years	3 months	
7 years	7 months	
9 years	29 months	
10 years	27 months	
Life	1 month	
Life	32 months	
Life	34 months	
Life	54 months	
Life	61 months	TOTAL 16

Origin of Transfers

Edinburgh Prison	4	
Perth Prison	3	
Peterhead Prison	3	
English Prisons, via Rampton Hospital	2	
Barlinnie Prison	1	
Shotts Prison	1	
Cornton Vale Prison	1	
Belfast Prison	1	TOTAL 16

The final table, Table XX gives the 4 groups into which cases were classified clinically. These groups correspond with those in the Scottish Study, except that there were no transfers on account of mental deficiency or alcohol related mental disorder. The table also gives a chart of details of the transfers as in the Scottish Study and concludes with case histories of the 16 patients.

The cases are listed on the table in the order in which they were admitted to the State Hospital. Each successive admission was given a letter, in sequence. These are shown on the chart and also appear in the summaries.

All but 3 of the transfers were on account of psychotic illness and in these 13 cases, the diagnosis was schizophrenia in all except one where it was hypomania. The details are as on 31 December 1983.

The 2 admissions from English prisons were transferred initially to Rampton Hospital, one of the English Special Hospitals, and from there after a period, they were transferred to Carstairs. The interval recorded is that between conviction and transfer. The 16 transfers were 16 individuals.

TABLE XX

CLINICAL CLASSIFICATION

Group A	Transfers on account of a psychotic illness. Prionsers had a history of previous inpatient treatment prior to conviction.	
	Cases (a), (e), (f), (i)	4 cases
Group B	Transfers on account of psychotic illness, there being no history of previous inpatient treatment.	
	Cases (b), (c), (d), (k), (l), (m), (n), (o), (p)	9 cases
Group C	Transfer on account of personality disorder.	
	Case (j)	1 case
Group D	Others.	
	Cases (g), (h)	2 cases
	TOTAL	16 cases

ALL TRANSFERS CARSTAIRS STUDY

CASE	SEX	AGE	YEAR	OFFENCE	SENTENCE	PRISON	INTERNAL	DURATION	DISPOSAL FROM HOSPITAL
a	M	24	1981	Assault	7 years	Perth	2 months	2 years 6 months	Remains IP
b	M	22	1981	Murder	Life	Peterhead	2 years 6 months	2 years 4 months	Return to prison
c	M	28	1981	Theft	18 months	Edinburgh	4 months	2 years 5 months	Remains IP
d	M	23	1981	Assault	4 years	Peterhead	2 years 1 month	10 months	Return to prison
e	M	32	1981	Burgulary	5 years	English Pris.	1 year 4 months	2 years 10 months	Remains IP
f	M	31	1982	House. break	2 years	Peterhead	8 months	10 months	Discharged to Community
g	M	50	1982	Assault	3 years	Shotts	1 year	3 months	Return to prison
h	M	67	1982	Rape	10 years	Belfast	2 years 3 months	1 year 4 months	Remains IP
i	M	35	1982	Assault	3 years	Edinburgh	2 months	1 year	Remains IP
j	F	19	1983	Wilf. Fire.	Life	Cornton Vale	3 weeks	1 year	Remains IP
k	M	35	1983	Rape	9 years	English Pris	2 years 5 months	1 year 9 months	Remains IP
l	M	33	1983	Assault	3 years	Edinburgh	4 months	4 months	Return to prison
m	M	27	1983	Assault	7 years	Perth	7 months	6 months	Remain IP
n	M	25	1983	Murder	Life	Perth	5 years 1 month	4 months	Remain IP
o	M	23	1983	Murder	Life	Edinburgh	2 years 8 months	2 months	Remain IP
p	M	37	1983	Murder	Life	Barlinnie	4 years 5 months	1 month	Remain IP

Group A

There were 4 transfers who had a history of previous inpatient psychiatric treatment prior to conviction and who were transferred on account of a psychotic illness. In 2 of the 4, the inpatient treatment had been within 12 months of conviction.

Case (a)

This young man had no family history of mental illness and was the product of an alcoholic and violent father and a rather unassertive mother. He was the oldest of a large sibship. He began displaying antisocial behaviour in early teens but after a few years he did appear to settle and lived for a period with his wife and infant son. There occurred an offence of which more is mentioned below and he was assessed as an inpatient in a local hospital at this time but not found to be mentally ill.

After serving a sentence for this crime, he deteriorated socially and started living in lodging houses but there was no record of his ever having suffered a definite psychotic episode. Immediately prior to his last offence, which was a motiveless assault on a stranger, he was treated informally in a local hospital because of odd behaviour but he was not detainable at that time. By coincidence he was under the author's care during this time. There were serious doubts that he might be becoming psychotic but nothing definite could be demonstrated clinically.

In custody after the offence, he was examined again by the author and another psychiatrist who both considered him to be mentally ill and

meriting a hospital order and this information was submitted in reports to the court but after pleading guilty he was given a prison sentence. He remained unwell in prison and 3 months later was transferred. At the time of admission he reported auditory hallucinations such as voices calling him a homosexual and he described bizarre ideas such as when he related how some years earlier he had lacerated the face of his infant son with a razor because the child, aged a few weeks, was laughing at him. He remained in hospital at the end of the study still mentally unwell. Under different circumstances he could well have been admitted in terms of a hospital order.

Case (e)

This prisoner was in his thirties at the time of his transfers and his history was in many respects similar to Case (a). His early years were uneventful and unremarkable and he had no family history of either mental disorder or behavioural problems at any time. In later teens he left home and drifted to England where for the next decade or so he led a rootless and vagrant life. There was no record of him ever receiving psychiatric care during this period and he did accumulate a number of convictions for theft and malicious damage but none of them were serious enough to earn him a prison sentence. His final offences for which he received a fairly long sentence included theft but also fire-raising. The circumstances of this act when he tried to burn down the home of a person who was known to him raise serious doubts about his mental health at that time. He was not, according to his records, examined before conviction but after conviction he was found in prison, to be suffering from paranoid schizophrenia. In retrospect his malicious damage may have been as a result of his illness. He was

transferred first to an English Special Hospital and then to the State Hospital, and his sentence expired during the period of the study. He remains detained in hospital mentally unwell.

Case (f)

This individual is unique as far as this survey is concerned in that he appears among the transfers in the Scottish Study and also among the transfers in this Carstairs Study. His father had been an alcoholic all his life and left his mother, who remarried while he was of primary school age. He spent his childhood after the break-up of his parents' marriage between both parents and also had a number of temporary placements. His 4 older siblings appear to have adjusted well to adult life but this man began offending in his teens and this continued. His offences were senseless thefts while drunk and his periods of liberty between sentences was often brief. He developed a psychotic disorder during a sentence and was transferred to a local hospital where he gradually improved with treatment, finally being well enough to return to prison. About 6 years later with several more sentences intervening, he again became acutely ill during a sentence and was transferred again this time to the State Hospital. On admission he was almost mute, but complained of auditory hallucinations and of being poisoned. He would not look after himself in any way. He again slowly and steadily improved with treatment but was still unwell when his sentence expired. He was, however, able to be discharged home to his mother soon thereafter. He remained well with further outpatient care on an informal basis and also displayed a marked and sustained improvement in his behaviour pattern including avoidance of further alcohol abuse. In retrospect it may be that some of the irresponsible and antisocial behaviour had been due to low-grade, untreated mental illness.

Case (i)

This man had a normal childhood and no family history of behavioural problems or mental disorder. After leaving school he continued to lead an uneventful and responsible life until in his early twenties he gave up w rking and suffered his first episode of paranoid schizophrenia. He had several admissions to his local hospital on account of relapses of this illness over the next few years, most of these admissions on a compulsory basis, and it was while he was absent from hospital that he committed a rather bizarre acquisitive crime. His mental state at that time was unusual in that he stated that he committed his crime for the sole purpose of proving that he was mentally well. He delivered himself into police custody immediately after the crime was committed and he was considered fit for prison and not to require a hospital order but was transferred within 2 months of conviction and remains in hospital yet, still mentally unwell. From the notes it would appear that, as with Case (a) this man might well have been made the subject of a hospital order from court.

Group B

These were transfers made on account of psychotic illness, but in none of these cases was there any history of previous inpatient psychiatric treatment on account of mental illness. There were 9 transfers in this group, all male.

Case (b)

This young man was given a life sentence for the murder of a family member while he was a teenager. His early years had been uneventful and as an adolescent he had indulged in some minor offending but

never anything which earned him a sentence. After leaving school he worked as an apprentice for over 2 years before abruptly giving up his job for no obvious reason and there was some slight social deterioration with increased drinking up to the time of the murder which was unprovoked and bizarre. He insisted on his innocence of the crime even though on purely common sense grounds there is no-one else who could have done it and the circumstances made it almost certain that he would be implicated. Despite his protestation of innocence he did not appeal. Initially he had settled well in his sentence but his behaviour gradually deteriorated, becoming assaultive and hostile and then gradually more and more strange. He was found dancing in his cell, was observed shouting and cheering at prison football matches in an inappropriate manner. He started claiming that seagulls were talking to him, telling him that they attack other countries. He claimed he could communicate with ants and bees. He stated that a golden eagle had flown into his hall in prison and told him he was 14 years of age. He believed that his head had been split by an axe and that the axe was still inside.

His acute symptoms settled in hospital with medication but he remained blunted and insightless. He repeatedly asked to return to prison and as he showed no further acute symptoms, this was ultimately arranged shortly before the end of the period of the study.

Case (c)

This man was in early adult life at the time of transfer. He had an unstable childhood because of parental alcoholism and was separated for a prolonged period from his parents when he was in hospital with a serious infectious illness during his early years. He attended a

Special School and was enuretic until he was a teenager. He had a lifelong record of mostly minor offences for which he had received prison sentences and also borstal training and detention. He abused alcohol and drugs during periods of freedom. During a fairly short sentence he developed symptoms of paranoid schizophrenia and was assaultive under the impulse of delusions. After transfer to hospital he remained paranoid towards staff and patients. His sentence expired during the time of the study but he remained detained in hospital thereafter as he was still mentally ill.

Case (d)

This young man's father was a violent alcoholic and his mother followed an extreme religious sect. He displayed anti-social behaviour from an early age having served several lengthy periods in penal establishments prior to receiving the sentence during which he was transferred. He had no previous psychiatric disorder and his illness apparently started when he declared he was wrongly convicted and he commenced a prolonged campaign of anti-authoritarian behaviour but ultimately he became psychotic and stated he was a 14 year old, that his mother was being sexually exploited and that he was being sexually assaulted in his cell. He claimed that he heard voices shouting his name and mocking him. He settled rapidly after transfer claiming to have simulated his symptoms having "got the idea from the Yorkshire Ripper" to quote the prisoner's own words. When he was returned to prison there was a brief but short lived recurrence of his psychosis in his prison of allocation which did not persist when he was transferred temporarily to another prison. His claim of simulation is highly questionable not least because it occurred after he had served more than three-quarters of his sentence and his

release date was only a few months away. Other prisoners described him as being of weak personality and viewed him as impressionable. This man came from the same prison as the other transferred prisoner who had mentioned a 14 year old (Case b). There is no apparent explanation for this.

Case (k)

This was another man who had been the victim of many adverse circumstances. He was the product of a mixed marriage and his father died in infancy and his mother had a long history of serious mental illness. His childhood was spent in a succession of short-term placements and there were problems in adolescence. At the time of his conviction for a serious sexual offence he had already served a long sentence for a similar offence and had been assessed psychiatrically on a number of occasions but never considered to be mentally ill. At the start of the present long sentence he was found to be mentally well but he deteriorated over the next 2 years and began expressing bizarre delusions such as claiming to have known of the death of a famous politican before it occurred and that he had been in the same hospital as he was at that time detained when he was a child. He remained unwell in hospital at the time of the conclusion of the study.

Case (l)

A young man with a lengthy criminal history but no family history of illness of any kind. His early pattern of offending had decreased after he had entered into a stable heterosexual relationship but he ultimately committed a further crime. During the remand period in custody considerable doubts were expressed by psychiatrists about his mental health. Within a few weeks of sentence he became floridly

psychotic and was transferred to a local hospital where his mental state improved with drug treatment. He co-operated rather poorly and was returned to prison. He relapsed rapidly and was again transferred this time to Carstirs where he again settled with medication and returned to prison and claimed repeatedly that he had simulated all his symptoms in order to get out of prison. On each of these 2 occasions when he had become ill, he had displayed grandoise beliefs, sometimes religious. He stated at various times that he was the Son of God, Bonnie Prince Charles or the Messiah and he was overactive and over-talkative. He had no history of psychiatric disturbance prior to the sentence during which he was transferred twice. He had served 9 previous sentences including 3 over 18 months and had never raised any doubts about his mental health. The author found no abnormalities in his mental state at interview with him 5 days after admission to hospital and even at that very early stage he was vigorously insisting that he had simulated his symptoms in order to get more visits from his girl-friend. There is the opportunity for more frequent visits in hospital than in prison.

Case (m)

This man, in early adult life at the time of transfer had no history of adverse circumstances during childhood but did report a history of mental illness in his family in that an uncle was schizophrenic. He had lengthy records of offending and had served sentences, the longest of which were a period of borstal training and a 6 month prison sentence. He had married and might have expected to settle to a better life-style but he was convicted of an attempted robbery of childlike naivety and clumsiness. He was well during the remand period but received a heavier sentence than he had expected. Within

a few months he had developed an encapsulated paranoid delusional system. He became convinced that other prisoners were sexually assaulting his wife and could hear staff and prisoners discussing this. He remained in the prison where he had spent his remand period for several weeks after conviction because of an appeal and his illness developed during this time, but even when his appeal was partially successful in that the length of his sentence was reduced fairly substantially this had no effect on his symptoms. Relating his pre-occupations to the author a few days after the outcome of his appeal was known he appeared utterly indifferent to it. His symptoms persisted when he went to his prison of allocation but they did not expand to staff or patients in hospital once he arrived there and his symptoms receded with drug treatment.

Case (n)

This young man with no family history of mental disorder but whose father had displayed repeated anti-social and criminal behaviour. His childhood years were unsettled and rather stormy as a result of his parents' marital problems and he began a pattern of delinquency at an early age. He had received no sentence longer than borstal training until, when still a teenager, he was convicted of murder and received a life sentence. He was very resentful of this sentence since there were other co-accuseds and this man claimed not to have been involved in the actual killing. Despite this, the first 3 years of his sentence were fairly uneventful but the next 2 were characterised first by bizarre physical complaints for which no organic basis could be found and latterly by religious delusions and paranoid symptoms. Shortly before his transfer he had ripped off his shirt in the prison workshop and jumped on a bench and started to try to preach to the other prisoners. At interview, at this time, he was very restless and defensive and suspicious of everyone

around him. He was transferred to hospital but after a few months had not fully recovered even though he repeatedly insisted that his psychological symptoms were simulated. He continued to resent his conviction and the sentence he was given and also resented being in hospital.

Case (o)

This was another young man who had received a life sentence as a young offender. His victim was an elderly member of his family who was killed with extreme violence. He had no family history of mental disorder but his father was a drunkard and assaulted his mother. He was unhealthy physically at birth and is described as an irritable and fretful infant. During primary school years there were learning difficulties and he appeared to socialise poorly with other children. He attended a child guidance clinic at that time. During secondary school he truanted often on his own, being apparently poorly integrated with his peers. After leaving school his rather solitary life-style continued. He frequently and rather impulsively changed his employment on a number of occasions for no obvious reason. He accumulated only 3 convictions for minor offences prior to the murder but had never served a sentence or been a pupil in a residential school. He seemd mentally well during the remand period and at the start of his sentence but gradually he became more isolated and eccentric and could not be easily associated with other prisoners. Eventually he displayed clear symptoms of schizophrenia including delusions and hallucinations. He claimed, for example, that people were interfering with his brain and that he could hear voices outside his head. He was transferred to hospital where he improved somewhat but where he remained unwell and was still blunted and rather facile although at the end of the study he had only 3 months treatment.

Case (p)

This man, also serving a life sentence for murder was rather older than the 2 cases above. He had no history of mental disorder or severe behavioural problems in his family and his childhood and early years were uneventful. In adult life he had a variety of employment in different parts of the world and also collected a considerable number of convictions, mainly for crimes of violence. He had served several sentences some fairly long, when after an argument with some mothers he again behaved in an aggressive and impulsive manner. He had been examined psychiatrically on various occasions previously and was again examined during the remand period when he was considered to be free from mental illness but showing signs of a paranoid personality. After conviction he continued to come to the attention of psychiatrists from time to time because of various problems such as tension and isolation which were thought to be due to problems at adjustment to his sentence but were compounded by a sudden unexpected bereavement in his family not long after conviction. He became involved in certain incidents with other prisoners. The additional stress of this seemed to have further adverse effects upon him so that over a period of several weeks, in his prison of allocation, he developed a psychotic illness in that he complained of voices tormenting him, telling him what to do and even taking him over. At interview his illness was unquestionably requiring inpatient treatment. Arrangements were initiated for transfer but while this was being processed he set fire to his cell and was transferred to the hospital wing of another prison with the assumption, that he would be transferred to Carstairs from there. In this different prison his illness rapidly receded for a period but a few months later he had relapsed again to his former state when he was then transferred.

Group C

The one case in this group did not show any clear features of psychotic illness and had a very abnormal personality. This was also the only female transfer.

Case (j)

She has a history going back to her early teens of behaviour problems and increasing violence. She had received lengthy periods of inpatient psychiatric care without benefit. She pled guilty to several acts of fire-raising without any obvious motive and was sentenced severely by the court but within a matter of weeks she set fire to her cell. At that time she was mute and was transferred to hospital. It emerged in hospital that she has a profoundly disturbed personality. For the first few months of her stay in hospital she resented being there and asked to return to prison but following this time there were some indications that her attitude to hospital was altering. One of the many unresolved aspects of this case at the time of the conclusion of the study was that her home background appeared normal and no problems of any kind were identified either while she was in hospital or during her early years. Her severe behavioural and emotional problems had began rather abruptly during early secondary school years without any obvious precipitants.

Towards the very end of the period of the study this patient was confiding in certain staff and appeared to be attempting to deal with some of her problems.

The author considers that this complex case is an example of a problem where an Interim Hospital Order as will be possible in terms of the

Mental Health (Scotland) Act 1984 would be of value. The psychiatric decisions at the time of trial were not easy.

Group D

Group (g)

A man, now in middle age, who had served many years in prison for a serious crime was now serving a shorter sentence when he was reported to be behaving strangely and was transferred. He was by far the only "professional" criminal of all the transferred prisoners in that all his crimes had been committed with the clear intention of gain and there was no doubt as to his motive and all his anti-social behaviour had been criminal. None of the many staff who had come into contact with him over the years had ever expressed any doubts as to the absence of mental disorder in his case and even at the time of admission he showed no evidence of mental illness and during his many years in custody he had never previously been thought to be mentally ill. It emerged that he had access to various glues and other volative organic substances and it was concluded that his episode of odd behaviour had probably been associated with glue sniffing. He denied this completely and soon returned to prison having remained symptom free in hospital.

Case (h)

A man of pensionable age who had a long history of serious sexual offences. He had 2 years before transfer, received his latest long sentence for a sexual offence. He was a serious management problem in prison in that he was eccentric and could not be associated with other prisoners and at times he was confused and rambling in his talk. As well as his undoubted personality disorder he was of low intellect, he had a positive serological test for syphilis, he had early

Parkinsonism which was not drug related and he appeared mildly demented. He had a history of intermittent psychiatric care over many years but always because of behaviour problems or rather manipulative self-injury. He required inpatient psychiatric treatment and continued to do so at the time of the conclusion of the study.

DISCUSSION

As is shown in the 2 studies, the number of convicted prisoners transferred each year is small and does not show any consistent fluctuations during the 11 years. Only about one-third are transferred to the State Hospital, Carstairs, and this contrasts with the findings from England (Robertson et al 1981) where it was found that special hospitals took half of all transfers. These authors also found that one-quarter of transfers were not effected but the 2 countries cannot readily be compared because the practice in Scotland is only to complete transfer documents when a hospital bed is available whereas in England it appears that the documents are completed first and then a bed is found. It is thus possible for prison authorities to certify a prisoner who hospital authorities would be reluctant to accept and who might not be deemed suitable by a Special Hospital. The author has found during his own contact with the process of prison transfers in Scotland that when there is a definite diagnosis of mental disorder then there is invariably little difficulty or delay in obtaining a bed but when the diagnosis is in doubt and particularly when the problems seem mainly behavioural, then a hospital bed is often not offered and transfer documents will not be completed. It seems to be only fairly recently (Report of HM Chief Inspector of Prisons for Scotland 1982 CMND 9035) that prison authorities have begun to acknowledge that prisoners of this type cannot be transferred to hospital.

When individuals are identified, it is seen that only 86 individuals were involved during the 11 years. When viewed alongside the fact that 6 individuals were transferred more than once during the period, it is clear that prison transfers are a very small and highly specialised

group of offender/patients. The distribution by age shows 3 peaks among the males and 2 peaks among females, the females not having a third peak in 50-54 age range. This does not follow the age distribution of all convicted prisoners which is also shown in Table III. The first peak among transfers in the 15-19 age range is due mainly to the transfer of cases of personality disorder, there being 15 transfers on account of this diagnosis among the total of 21 transfers at this age range and only 8 other transfers on account of personality disorder. The peak among all convicted prisoners is in the 20-30 age range, but the next peak among transfers is in the 30-34 range for males and 35-39 for females. The final peak among male transfers is due to alcohol related problems, and thus the distribution by age of the transfers reflects the reasons for the transfers and does not follow the age pattern of the receptions of convicted prisoners in general.

It will be observed that the age of transfers is taken at the time of transfer while the ages of all receptions following conviction is taken at the commencement of the sentence. This dissimilarity is not of a nature to prevent comparison being attempted between the 2 groups.

Considerable psychiatric history was found among transfers but in the absence of control groups of prisoners it is not easy to interpret this finding, but the rates found here of 56% male transfers and 65% female transfers having previously received inpatient treatment are high compared to other recent surveys of prisoners. Gunn (1977) in a random sample of male adult prisoners in England and Wales found that 20% had received inpatient or outpatient psychiatric treatment and Bluglass (1966) found that 19.3% of the male convicted receptions into Perth Prison, who formed his sample, also had such a history. The finding that 29% of male transfers and 60% of female transfers had received inpatient

treatment in the year before conviction further identifies the component of psychiatry in these cases. Two males and one female had also been inpatients during the remand period. There is no indication from the study that the decision not to make the individual the subject of a hospital order caused any serious problem nor even with the benefit of hindsight could a very strong case be made for suggesting that that different course should have been followed. Problems which could have occurred are, for example, serious delay in effecting the transfers, but this was not found.

The finding that 92% of male transfers and 85% of female transfers had previous convictions is of doubtful signficance as sentencing policy does not normally favour a custodial disposal for a first offender. Prison populations, by and large, does not contain large numbers of first offenders. In addition it could be speculated that a first offender might be investigated and examined more thoroughly at the time that the case against him is being prepared and mental disorder identified at that stage.

Serious offences, especially violence against the person are much more frequent among transfers than the general prison population. The distribution of sentencing court further confirms this. Serious offenders are likely to be more thoroughly examined during the pre-trial period than minor offenders. All individuals charged with homicide are the subject of 2 psychiatric reports as a matter of routine. Serious offenders are, however, liable to receive longer sentences so that the time during which they are liable to transfer is much greater than with minor offenders. It emerged in the study that serious offenders who had been guilty of acquisitive crimes - the

professional criminals - were not found among transfers.

It is to be expected that the majority of female transfers had been convicted of minor crimes since serious crime among females is much less common than among males. Each year 35–40 males are convicted of murder while only 1 or 2 females are so convicted (Prisons in Scotland Annual Reports).

There was an interesting finding when the sources of the transfers were examined.

The small number of transfers out of detention centres is of interest because this institution imposes a fairly harsh physical routine upon youths who have not normally had much experience of penal establishments. It might be thought that this would precipitate breakdown in vulnerable individuals since the sentence is always 3 months in an environment where demands are continuously made by the staff and little opportunity is allowed for peer group support. During the 11 years of the study there would have been a total of about 10,000 youths aged from 16–20 who would have served a sentence in the detention centre and the fact that only 2 youths had to be taken out on psychiatric grounds is noteworthy. Both transfers occured in immature, unstable youths of poor personality, but not showing any evidence of psychosis. McGhie (1961) in his study of large numbers of young army recruits found that if psychosis was going to develop then it occurred most often in the first month after commencing army service. Considering that both the present studies were of large numbers of young men it is somewhat surprising that no psychotic illness developed in any of the detention centre lads.

The table recording the length of imprisonment shows that less than one-third were serving a sentence of less than 3 months and over one-third were serving sentences of 3 years or more. The Prisons in Scotland Reports annually give the lists of sentences imposed on all convicted prisoners and these show that consistently about 2% or 3% of sentences are for periods of 3 years or more including indeterminate sentences, and about 50% of all sentences both direct and in default of a fine are for 3 months or less. This again confirms what has already emerged, namely that long term offenders are over represented among transfers.

Female convicted prisoners were found to be about 5 times more likely to be transferred than male convicted prisoners. This is entirely as would be expected taking into account the greater degree of mental disorder found among female prisoners (Gibbens 1971 and Smith 1984). Among female prisoners are possibly a number of chronically mentally disordered women who repeatedly receive short sentences and who from time to time require transfer. Attitudes of staff may be different in female prisons and there may be other factors in addition such as the complex differences between male and female penal institutions.

The interval between conviction and transfer in relation to sentence is a matter of some importance. The distribution of this interval reflects the length of sentences imposed but it appears from the tables that with longer sentences the interval often gets much longer also. Females tended to be transferred sooner although the numbers involved were such that this impression was only confirmed statistically with transfers serving a sentence of less than 6 months.

Among prisoners serving long sentences, (predominantly male) there were

many of the transfers who had no history of previous psychiatric treatment. This group will be discussed in greater detail when the findings of the Carstairs Study are being examined, nevertheless it seemed unlikely that the stress of the prison environment itself had played any primary role in precipitating the mental disorder and the transfer. Other studies on individuals who were subjected to stress while they were incarcerated (Hinkle and Wolff 1956) recorded that after about 6 weeks of harsh treatment by the Communist Authorities a prisoner could become psychotic. There is, however, no evidence from this study that even vulnerable individuals broke down in response to their environment in this way. Early transfers of prisoners serving long sentences was only found in this study in cases where serious doubts had been expressed about mental health at the time of conviction.

In a number of cases prisoners seemed to become ill at an almost arbitrary point in their sentence but it must be remembered that a prisoner's life, even though it is predictable, is not entirely uneventful and circumstances within his life in jail and also involving his family outside could all contribute to his mental health. Matters which seem trivial to an outsider can be of great importance to a prisoner and such factors might well have contributed to his breakdown.

A final variable is the question of release. It was not possible either in this Scottish Study nor in the Carstairs Study to gain information about the prisoner's prospects of release at the time that he was transferred but in Carstairs cases it did appear that release might be fairly imminent so that the process of parole review might have been a factor.

In conclusion, all that did emerge clearly from this Scottish Study was that there was no pattern as to when prisoners required transfer and that in each case there were probably an individual set of circumstances determinating the timing of the breakdown. Imprisonment itself does not appear to have any consistent effects.

The reasons for transfer can only be presented tentatively for the reasons stated alongside the table. It is probable that certain types of mental disorder are more likely to require transfer than others. Smith (1981 Personal Communication) states that insightless paranoia directed against prison staff or even other prisoners is particularly difficult to treat in prison since the sanctions which are imposed as a result of the hositility inevitably further exacerbate the paranoia and in addition, medication is often refused.

In contrast, "quieter" disorders such as certain cases of mild mental handicap probably attract little attention to themselves and are absorbed without the need for transfer. Transfers apparently do not reflect the population size in the various adult prisons. The reasons for this concern the manner in which prisoners are distributed among the various establishments. Some prisons are especially under-represented, especially those in the north of Scotland. Aberdeen, Peterhead and Inverness Prisons, together at this time contained 600 men, half of whom were serving sentences of over 18 months. Recidivist adult males may be sent to Peterhead, which is solely a long term prison, or Aberdeen if they are older, in which case they will mix there with local short term prisoners. Low Moss Prison would not be expected to feature containing about 300 convicted men serving short sentences since it is closely linked with Barlinnie. A prisoner

displaying evidence of mental disorder in Low Moss would be transferred at an early stage to Barlinnie. This uneven distribution of transfers must reflect local management policy as well as possibly the factors determining the initial allocation of an offender to a particular prison and there was no evidence that prisoners had been moved in a consistent manner during the time immediately before transfer. The pattern may be a consequence of a tendency for prisoners who have a predisposition to mental disorder being moved to the larger secure institutions where more regular psychiatric consultations are available and thus it is to be expected that Dungavel and Penninghame do not feature since both are lower security establishments.

When the details of the outcome of the transfers are examined these Scottish findings are seen to differ from those described by Robertson (1980) in his survey of prison transfers in England and Wales. In that study, between 1962 and 1977 the total number of transfers fell from 180 per year to 60 per year being due mainly to a decrease in transfers to ordinary hospitals. By the end of the period of study, in 1977, the number of transfers to ordinary hospitals and to special hospitals had become almost equal. Neither trend was found in this Scottish Study. Neither a fall in total transfers nor a progressive decrease in transfer to ordinary hospitals. This study found that two-thirds of transfers were to ordinary hospitals and that this specialised work was shared rather unevenly between 17 ordinary hospitals throughout Scotland.

The more specific breakdown of transfers shows several matters of interest. Among males sent to the State Hospital those returned to prison before their sentence expired had received a relatively brief period of State Hospital treatment and this was confirmed from the supplementary

comparison of transferred prisoners and admissions from court to the State Hospital.

Among transfers who returned to prison, psychiatric treatment was given for as long, and only as long as was necessary. This must be of general advantage. The prisoners who remained detained after their sentence expired then had the right of appeal against this detention as with any other patient not subject to an order restricting discharge. Thus the time which they had been liable to restriction, which is a matter anyway for a court, being proportionate to the gravity of their offence, was only during the currency of their sentence. This contrasts with most restriction orders imposed by courts at the time a hospital order is being made and which are usually without limit of time. The arrangement with transferred prisoners in this respect with regard to the duration of restriction upon discharge best observes natural justice and has a lot to commend it. A right of appeal is being introduced in terms of the Mental Health (Scotland) Act 1984 against restriction orders, but the effect of this is at present unknown.

As regards transfers of male prisoners to ordinary hospitals, totalling 43 transfers, it is possible that in 17 cases the transfers ended on a rather sour note, either as in 4 cases by absconding or as in 13 cases in possible failure to co-operate in treatment once their status became informal. A number of factors could have been operating in that the patients might have been kept by their Responsible Medical Officer in hospital with the intention of discharge at the end of the sentence because it was anticipated that a return to prison could cause a relapse of the mental disorder. If this had been the case then the discharge at the end of the sentence would not have been irregular

but there were insufficient clinical details to establish whether there were cases of this type. Since all the absconders had recovered from their mental disorder and were liable to return to prison at that time anyway it could be learned from this part of the study that there is some merit in not keeping transferred prisoners in ordinary hospitals after they have recovered but rather they should be returned promptly to prison. Although it is probable that for at least some of these patients hospital care did end unsatisfactorily, it should be rememberd that many patients as well as transferred prisoners can cause extra management problems. Absconding is by no means the prerogative of the transferred prisoner and 4 cases of absconding from ordinary hospitals in 11 years is not of great magnitude. If concern was felt by an ordinary hospital on this point then the particular transferred prisoner could be possibly transferred to the State Hospital if inpatient psychiatric treatment was still deemed to be required.

The same general pattern was found with females and with both males and females the author concludes that problems with transferred prisoners to local hospitals were probably few. The principles which emerged were that transferred prisoners should not be kept in hospital after the mental disorder has receded and if there is concern about absconding then the State Hospital should be considered as an alternative although the prisoner would have to return to prison to be re-transferred.

Much of the discussion of the clinical features of the transfers will be dealt with when the cases from the Carstairs Study are examined but attention is drawn to some findings from the groups of cases.

Transfers with a history of previous psychotic illness before conviction tended to go to ordinary hospitals and were often minor offenders. Transfers who developed psychotic illness without any previous history were serving longer sentences for more serious crimes and more often went to the State Hospital. The features of a psychotic illness developing first in prison will be discussed further to include the Carstairs Study.

Transfers on account of personality disorder were more numerous during the earlier than later years of the study and this would be in keeping with general trends of psychiatric policy towards the compulsory detention in hospital of individuals whose main problems are behavioural.

The complexity of the clinical features of the cases is shown by the case histories. Cases 1 and 2 show that behaviour which was at times considered to be psychopathic might in retrospect have been due in part at least to an untreated psychotic illness.

Case 3 shows how the mental state of an individual can fluctuate with time so that although continuously mentally unwell, he nevertheless does not always require psychiatric treatment in hospital. There also were no problems resulting from the case or indeed any case where a decision was taken at the time of trial not to opt for hospital but was followed by transfer later so that even with hindsight the decision at the time of trial was not necessarily ill-advised.

Cases 12, 13 and 14 are examples where at one stage the suspicion was raised that simulation was being practiced by the prisoner. These were the 3 cases in which this possibly was, for a time, raised most forcibly.

As will be seen in each case and particularly in case 12 where the whole history is noted, simulation seems very unlikely.

Moving to the findings from the Carstairs Study, no significant differences were found between the transfers in this group and the transfers to Carstairs among the Scottish Study as far as age and frequency of previous psychiatric treatment, but there was a difference in terms of the frequency of personality disorder being a cause of transfer and this was reflected in absence of borstal trainees and other young offenders who were transferred during the Carstairs Study. During the earlier Scottish Study there were 4 transfers on account of personality disorder from borstal and one from a List D School. The well known trend against viewing personality disorder as grounds for compulsory psychiatric treatment is thus confirmed.

The main objective of the Carstairs Study was to examine in as much detail as possible the clinical features of prisoners who were transferred to the State Hospital. The cases readily divided into the same groups as were used with the Scottish Study and the groups will be dealt with separately.

Group A were cases where the history indicated the presence of a mental illness prior to conviction. It was possible that some were ill at the time of the offence and that they might even have been made the subject of a hospital order at the time of trial. Patients in this group were, in general, content in hospital and were not conspicuous beside their fellow patients. The psychiatric component in their presentation was considerable and they might be viewed as being prison transfers only because of their circumstances at the time

when their illness reached such a state that they required compulsory inpatient treatment. Staff in Carstairs tended to view them as patients rather than transferred prisoners, and their illness tended to follow a rather chronic course. Their acute symptoms settled but they continued to require medication at least for a time and they invariably continued to show some degree of deficit.

Those in Group B were prisoners who were transferred on account of psychotic illness but who had no record of previous inpatient psychiatric treatment. While it might be thought that these cases also were only prison transfers because of their circumstances when they first developed a psychotic illness and that the only difference between them and Group A was that they had not been ill previously, closer examination of these cases as a group showed that this assumption would be incorrect.

In 6 of the cases in this group the acute symptoms were of rather short duration and the underlying personality was preserved and when the prisoner became aware of his circumstances he began to demand his return to prison. Even life sentence prisoners, and certainly prsioners serving determinate sentences, considered that they had exchanged a finite period in custody for one that was infinite. They did not blend in with other patients and staff were never able to forget that they were prisoners. It was noticeable that cases in Group A appeared much more settled in hospital and the 3 cases in Group B who were still ill at the time of the conclusion of the study also appeared to be accepting their hospital treatment.

Several of the cases in Group B (notably b, d, l, m, n, p) had features which corresponded with the "Borderline Patients" as reviewed

by Macaskill and Macaskill (1981). As is discussed in this paper, Borderline Patients have been very much extensively described in North American literature particularly by authors working wholly or partly in psychotherapy (Shapiro 1978). The term is not nearly so familiar or popular in Britain except possibly among psychotherapists. It is defined by Macaskill as referring to patients who become psychotic transiently under stress and demonstrate as enduring features of their personality, symptoms pointing to a vulnerability to psychosis.

The features which were found among the 9 prisoners who developed a transient psychosis are as listed below:

- There was no history of previous psychiatric treatment (all cases).
- There was a history suggestive of abnormal personality of psychopathic type (all cases).
- They were male (all cases).
- They were serving long sentences (all cases).
- The psychotic features could be manifest at almost any time during the sentence but usually only after a considerable portion of the sentence had been served.
- There had sometimes been previous episodes of mental disorder of a similar nature at earlier times during the sentence but these had receded spontaneously in prison or with medication and transfer had not been considered necessary (cases d and n).
- At the time of transfer the mental illness had features of a paranoid psychosis (cases b, m, n) or had a bizarre theatrical quality (cases d, l, p).
- The features of mental illness receded fairly rapidly in hospital (cases b, d, l, m, n, p).

- The patient claimed in hospital after their symptom had cleared that they simulated the illness and denied that they had ever been ill even when on commonsense grounds this claim seemed very unlikely (cases b, d, l, m, n).
- As well as claiming to have simulated illness in order to be transferred to hospital they claimed that they had had a change of heart on this matter and repeatedly requested to be returned to prison to continue their sentence (cases b, d, l, m, n).

There was a strong suggestion from a number of cases in the Scottish Study that these features were found there also, although the lack of clinical contact prevented the author identifying the particular cases as clearly. This constellation of features was displayed with some of the cases transferred for only a fairly short period in hospital as shown in Section B on Table XVII and there were also some cases of this type in Section A of the same table. This is because there is, of course, no intrinsic reason why a transient psychosis of this type should only occur once.

It is suggested that these features listed above could be together termed the "Prison Transfer Syndrome". The Ganser Syndrome (Enoch and Trethowan 1979) has long ago ceased to be solely associated with imprisonment and no recent sources of which the author is aware have been directed towards the features of the mental illnesses which prisoners develop in conventional prisons. The standard view from textbooks such as Slater and Roth (1977) is to associate imprisonment with schizophrenic breakdown when the criminality has been linked to the prepsychotic social deterioration. This study certainly found cases of this type such as case "c" and case "o" but in these the natural

history is that of a schizophrenic process. The same text also linked sensory deprivation and isolation in prison with the development of paranoid reactions but while the author would not dispute this link the apparently almost random stage at which prisoners became ill during a long sentence would lead inevitably to the conclusion that other factors than merely the physical stress of imprisonment were causative.

The same text also mentions another state with which these cases had some features in common, the psychogenic or "reactive" psychosis. Although that condition is of brief duration as were the cases in this study there was always a definite environmental precipitant which was often of major proportion and could be seen to be causative. Such environmental factors were not found in this study.

During the literature review mention was found of mental illness being caused fairly quickly by imprisonment but these reports such as (Hinkle and Wolff 1954) were of breakdown during very harsh and oppressive confinement. These reports deal with victims of detention and interrogation by extreme political regimes and record that breakdown can occur fairly rapidly but these studies cannot be compared with studies of conventional criminal imprisonment in Scotland and this work would certainly confirm that conclusion. Mention has already been made of the early breakdown of vulnerable young army recruits, (McGhie 1963) during their induction and basic training and this pattern also was not found here.

For all these reasons it is suggested that this type of mental illness has not previously been formally described among prisoners although undoubtedly forensic psychiatrists and prison medical officers will

have been familiar with cases of this type.

From this study it would thus appear that the illness was a transient situationally determined psychosis but the study did not identify which factors of imprisonment lead to the breakdown and no pattern emerged either related to length of sentence served or related to nearness of eventual release. In general it is probable that different individuals come to terms with a long sentence in a variety of different ways. In addition factors outside the prison, eg family and personal circumstances within the prison such as maturation with age or alteration of attitudes might be important in individual cases.

From the author's personal experience it did appear that 2 factors might operate in particular cases. The first was intense and persistent refusal to accept the conviction and the sentence. This feature was prominent in cases m, n, p and was described in their reports and files right from the time of sentence. Prison staff also mentioned this feature spontaneously when discussing these cases. The second feature was if a prisoner had become involved in some internal prison feud and particularly if he had been estranged from his peer group because he has passed information to the authorities. This was more difficult to discover but cases b and n came into this category. It did appear to the author that these stress factors took many months to lead to illness as in cases b, n, p and from this it might be concluded that although very artificial, a prison environment did also have some protective qualities as far as mental health is concerned. If not it would be expected that illness would occur much more quickly in vulnerable cases.

As was found in the Scottish Study, frank simulation of illness did not occur despite claims by some prisoners to the contrary. This finding is in keeping with a recent paper on simulated illness (Hay 1983) in that the author firmly doubted a simplistic view of simulation but also observed that it is not uncommon in forensic work to see patients who, having been definitely psychotic, on recovery claim that they had only been acting insane.

Although the mental illness which had been identified for the first time after conviction was often transient the psychiatric problems which these patients posed in prison were of a major nature. Despite the fact that the illness improved fairly rapidly in hospital there were very serious management problems in the prison as a result of the prisoner's mental illness at the time that he was transferred.

Group C contains the only case where the diagnosis was personality disorder. This case was anomalous not only because she was the only female transfer in the Carstairs Study and the nature of the personality disorder was unclear, but also because she was the youngest of all the transfers. When all the features are combined together then obviously no generalisations can be made about transferred prisoners with a diagnosis of personality disorder. It is perhaps not entirely by chance that the single case of personality disorder occurs in a female since the drift of opinion away from viewing behavioural problems as being the responsibility of the Psychiatric Services, may have gone further with male offenders. A female still probably arouses more of a paternalistic response and her youthfulness was also a factor in encouraging optimism that the personality problems which were present might be modifiable by psychiatric measures. In the

pre-trial period the extreme dangerousness which was present together with the totally unpredictable nature of the case in the long term meant that among the forensic psychiatrists who were involved at that time, none favoured a hospital order. The author was involved at this stage of the case.

Both the author (1979) and Mawson (1983) have discussed the case of prison transfers for some prisoners with a serious behavioural disorder. It is clear from the study that, certainly at the present time, this practice is not operating. The same clinical criteria apply to a recommendation of a prison transfer after conviction and courts and legal authorities could not be expected to be sympathetic to a different interpretation of the law in 2 settings.

In addition the author has modified some of his views since 1979 in that cases of personality disorder who were to be transferred would invariably demand a return to prison in order to regain a release date and this in most cases would prevent them from settling in hospital and benefiting if they have the capacity to do so. The new Interim Hospital Order (Mental Health (Scotland) Act 1984) will give novel and rather interesting ways of approaching these cases and some psychiatrists in the State Hospital look forward to using this option. It is probable that as with most variables in human life, the attitude of psychiatry to those with personality disorders slowly alters from one extreme to another. At the present time we are at the extreme conservative position and it is to be expected that at some time in the future, attitudes will alter again. This new legislation may play a role in effecting this shift of opinion but all that remains to be seen.

The cases in Group D were not readily classifiable. The transfer of the prisoner whose apparent mental disorder was probably the result of solvent abuse, was brief and in retrospect might have been avoided but it might be argued that if the transfer to hospital had any effect in encouraging the prisoner to give up the practice then it was not without some benefit.

The transfer of the unusual elderly prisoner proved to be in everyone's best interests. In hospital he was insightless, disinhibited and at times confused and he required care and management.

These unusual cases will probably always occur and as with the cases in Group B, these patients who were no great problem in hospital were causing considerable problems in prison at the time of their transfer.

As in the Scottish Study, no problems emerged from these findings to suggest that when there was doubt about a hospital order at the time of trial and the individual went to prison, this had caused any problems. Even when the decision, in retrospect was possibly not the most appropriate psychiatric treatment seemed readily available by means of a transfer. The transfers were effected rapidly to the State Hospital when there was definite disorder and in the author's experience delay only occurs if there is doubt about the mental disorder.

From this, the author would conclude that if there is doubt at the time of trial as to the nature of mental disorder which may be present then the better course is to opt for imprisonment since hospital treatment is readily available thereafter if needed. An error made in the opposite direction which results in an inappropriate committal to hospital, especially to the State Hospital, cannot be made good in the

same way and serious problems can occur for all concerned if individuals who have no mental disorder are being kept in a hospital. As Gunn (1983) points out the new appeal procedures may well result in courts and others being especially vigilant to avoid these mistakes in the future since if they are made, they could, in theory, result in an individual who has committed a serious crime being released from hospital after only a brief period of detention. The reason for this is that under the new legislation restricted patients will have the right to appeal and at that appeal the matter being examined will be the existence or otherwise of a mental disorder. A very transient or doubtful mental disorder at trial could, if it rapidly resolved in hospital leave a patient in a position in which his appeal could be accepted and his release ordered. The practice of the new legislation is eagerly awaited and no aspect of it has aroused more anticipation than this new measure.

FINAL CONCLUSIONS

As far as the historical survey is concerned, it is not proposed to summarise the section but only mention certain matters which came to light during the survey and which are of particular contemporary relevance.

Legislation has existed, almost since the time that mental health legislation was introduced, to permit convicted prisoners to be transferred to a psychiatric hospital on account of mental disorder while they were serving a sentence. The only modification in more recent legislation has been directed towards the means of release of the transferred prisoner and the action to be taken at the time of the expiry of sentence.

The administration of maximum security psychiatric facilities in Scotland had, until recently, been rather anomalous, with responsibility mainly residing with the Prisons Department. Under the present system administration is separate from prisons and also separate from the ordinary health board structure, the State Hospital being the responsibility of a Management Committee appointed by the Secretary of State. This autonomy has a great deal to commend it and should be preserved.

Cellular prison accommodation was introduced in Scotland in 1842 and by this time all the Scottish cities had their asylums. Henderson (1964) records that asylums were established in the following centres on the dates shown; Montrose (1781), Aberdeen (1800), Edinburgh (1813), Glasgow (1814), Dundee (1820), Perth (1826) and Dumfries (1839). Despite this, the prison authorities found, almost from the outset that certain mentally disordered offenders were not acceptable into these

asylums and as a result of this a hospital for lunatics was established within the most modern prison at that time, the General Prison at Perth.

This hospital opened in 1846, and indicates clearly that prejudice against offender/patients extends much further back than the modern era of community care and unlocked wards, though nowadays these factors are sometimes put forward as being reason for not taking these patients.

An Act of Parliament of 1871 empowered the Secretary of State to order patients from the Lunatic Department in Perth Prison to be transferred to an ordinary asylum if 2 doctors stated that they did not require the degree of security of the Lunatic Department. This was introduced to relieve overcrowding, but there is not indication that it was successful in the slightest degree.

The author is sceptical of legislative powers in the Mental Health (Amendment) (Scotland) Act 1983 which similarly attempts to direct ordinary hospitals to accept certain patients.

An example of this would be Section 37, which allows a patient, who was detained in an ordinary psychiatric hospital and who, by reason of management problems was transferred to the State Hospital, to appeal against this transfer. If his appeal were to be successful it is possible that he would have to be returned to the same ordinary psychiatric hospital as had recently found him unmanageable. Whether an ordinary psychiatric hospital could ever accept back such a patient under these circumstances remains uncertain and the author has some doubt whether this provision is workable.

The Mental Deficiency Legislation of 1913 introduced the category of moral defectives and rendered such individuals liable to detention in hospital. Prior to this, as shown by the writing of Dr Sturrock in 1911, there were probably admissions whose problems were mainly behavioural but legislative recognition of this group in 1913 must surely have increased the numbers thereafter. Moral deficiency is really little different from psychopathic or personality disorder and the emergence of psychotherapy and the enthusiams for psychoanalytic principles over the next 2 decades must have boosted even further the unsupportable view that severe anti-social behavioural problems are susceptible to psychiatric treatment. The opening of Grendon Prison in England was also a product of this era.

The Russell Committee who reported on Scottish Lunacy and Mental Deficiency Laws in 1846 continued to argue strongly for the provision of secure accommodation for a group whose main problems sound to have been behavioural. Although they advised abolishing the category of moral defectives, they followed this (paragraph 424-427) with the view that "unstable and disordered adolescents and other misfits, even though they are not insane or defective, nevertheless need training and treatment in an institution and are not suitable for prison". The use of the term "treatment" for such a group would be done much more cautiously today. Sir David Henderson was the only psychiatrist on the Committee and one of only 2 doctors and many of the views of the report must have come from him.

Although evidence was taken from other witnesses Henderson's own views are recorded very strongly and on 4 matters he took the right to record his own view as being different from that of the Committee. It is to be

hoped that such confidence, which verges on arrogance, when displayed by an expert professional of whatever eminence would nowadays persuade a committee towards the need for a greater exploration of general professional opinion and less reliance upon the one idiosyncratic voice.

Following chronoligically upon this report, the plans for the new State Mental Hospital were modified substantially and 2 hospitals were built on adjacent sites. A facility in Perth with provision for less than 140 moved to premises at Carstairs for space for 360. The fact that the bulk of this increase was accounted for by defectives especially moral defectives is demonstrated by the finding that in 1948, 20 defectives moved to Carstairs from Perth and during the succeeding years the numbers of defectives rose steadily until in 1959 they totalled 160.

When this background is understood and explained and when this is placed against the modern philosophy in respect of behavioural problems it is only to be expected that the patient population of the State Hospital is currently falling. The author predicts that there is no reason why the fall should not continue until figures near the original totals from the days of Perth are reached and even those might be rather high because a number of those patients would have been primarily behaviour problems. All this means that the State Hospital could within a decade have a population of a little over 100 patients.

The author is concerned, however, that during this population fall there might be those who would believe that the fall would continue indefinitely and that the need for a State Hospital would pass. It is suggested that no-one who is aware of the historical background could

sensibly reach such a conclusion. This survey has clearly shown that secure psychiatric facilities have always been needed in Scotland and that ordinary psychiatric hospitals cannot provide a whole range of services. One group of patients who will always be unacceptable in ordinary hospitals are certain serious offenders including offenders who are serving a prison sentence and who develop mental disorder during that sentence. These patients must be treated and cared for in conditions of security which are greatly in excess of that which would reasonably be provided in an ordinary hospital.

The pictorial section shows that until fairly recently secure psychiatric facilities in Scotland were predominantly penal in their general pattern. It is with these former buildings that the present accommodation at Carstairs should be compared rather than only comparing them with contemporary ordinary psychiatric hospitals. It must not be forgotten that Carstairs was designed when many of the patients there were expected to be mainly displaying behavioural problems. The plan of villa wards in Carstairs and the segregation of patients into smaller groups than is possible in conventional prisons is a model which could possibly be applied to future prison building plans having some advantages for the containment of antisocial and behaviourally disturbed individuals. There is no reason why the same design could not be used without the inappropriate designation of "hospital" being applied but this is really not a matter for this author or indeed the State Hospital to consider.

The Scottish Study examined all convicted prisoners transferred to a psychiatric hospital in Scotland during 1970 to 1980 inclusive. There were 93 transfers of whom 73 were male transfers, but this comprised only 86 individuals (69 males) because there were 6 individuals who

were transferred more than once during the time of the study.

A greater proportion of transfers were found to be to an ordinary hospital rather than a special hospital, than was the case in England and Wales with the age range of transfers not following the age distribution of the general prison population. A considerable history of past psychiatric treatment was found particularly among females. Among male transfers it was found that prisoners convicted of serious offences against the person were considerably more numerous than in the general prison population. Female prisoners were found to be 5 times more liable to transfer than male prisoners and among both males and females there were a number of cases of chronic psychotics who were transferred during a short sentence.

When males transferred during a longer sentence were examined they were found to be less likely to have had a history of previous psychiatric treatment and their illness was often of fairly brief duration and had certain distinctive features. No consistent relationships emerged between length of sentence and interval between conviction and transfer and there was no clear evidence to suggest that the environment of imprisonment had any adverse effects as far as precipitating serious mental disorder was concerned. There were few adolescents who broke down and required transfer.

Once they had reached hospital those transfers to the State Hospital tended to stay a shorter period in hospital than other State Hospital admissions and they were often returned to prison. Transfer to ordinary hospitals seemed in the short term to be successful in that the mental disorder responded to treatment, and while many were accommodated satisfactorily there were others who left hospital as

soon as their sentence expired and a few others who absconded during the currency of their sentence. No evidence was found of serious problems resulting from this absconding, but when a transferred prisoner ceases to show evidence of serious mental disorder he should probably be returned promptly to prison. If provided the sentence is not very brief, there are serious doubts about absconding, then the State Hospital should be considered as an option.

There was a marked decline in the use of transfer for cases of personality disorder during the 11 years of the study.

Certain cases were found where some uncertainty had existed at the time of trial as to whether an offender should have been recommended to be made the subject of a hospital order usually to the State Hospital. In those doubtful cases who reached hospital by way of a prison transfer for some time after trial, no problems had arisen as a result of the hospital order not being made. When this observation is set beside the very real problems which can occur if a hospital order is made and is found later to have been ill-advised then the very much greater flexibility of treatment by means of a prison transfer is surely a great advantage. These comments, which mainly apply to serious offenders whose treatment would be in the State Hospital lead to the conclusion that if ever doubt does exist at the time of trial as to whether a recommendation for a hospital order should be made, then, in these cases, it should not be made and matters should be left to resolve later in prison.

The Carstairs Study examined the 16 transfers from prison to that hospital during 1981 to 1983 inclusive and the trends already described were confirmed. The rather special clinical features of

the mental illness which occur in some long term male prisoners was also further examined and these features listed. It was found to have some aspects in common with the "borderline patients" who had been described in psychoanalytic literature but with other features added.

The characteristics which emerged from both studies concerning this mental illness in longer term prisoners who had no history of mental illness prior to conviction showed that all cases were male; that there was a history suggestive of psychopathic personality; that the illness tended to be either paranoid or bizarre and theatrical; that the illness could occur at almost any time during the sentence; that at the time of transfer there had been transient self-limiting psychotic episodes at earlier stages of the sentence; that the features of illness settled rapidly in hospital with the patient often claiming that he had wilfully simulated his symptoms and that the patient requested a return to prison which when it was effected, was often followed by further transient psychotic episodes. No clear evidence was found of precipitants in any cases to explain the timing of the illness but it was found that in several cases there had been a sustained and stubborn refusal to accept the fact of the conviction and sentence. It is suggested that these features together form a "prison transfer syndrome".

From the study it emerges that prisons seem relatively healthy communities, at least as far as serious mental disorder is concerned. No evidence was found to suggest that the environment itself was liable to precipitate serious mental breakdown and when this did occur it was often due to several factors and imprisonment was not of primary aetiological importance. It might have been expected that a

group of prisoners suffered a psychotic breakdown in the early months of a sentence and this would go on to follow the typical course of a schizophrenic illness but during this study no such pattern was found. In conclusion, imprisonment itself did not appear to cause illness and the "prison transfer syndrome" is a short lived disorder affecting prisoners with a predisposition to it and was not one of the usual functional psychotic illnesses seen in general psychiatric practice.

Transferred prisoners are a small, highly selected and almost unique group of psychiatric admissions. Their scarcity must never allow anyone to suppose that they will disappear completely nor must the need for both ordinary hospitals and the State Hospital to accept transferred prisoners ever be expected to cease. They often require urgent treatment and this must always be available.

Those in the community who are unfortunate enough to suffer serious mental disorder are disadvantaged and often at risk of being neglected. Prisoners in general are a vulnerable group about whom public feeling runs strong and is often polarized between pity and condemnation. The small number of those who are in both categories, being both mentally disordered to a serious degree and also imprisoned are particularly requiring and deserving of attention. From this study, it would appear that in Scotland they are by and large receiving the psychiatric attention which they need. It was not within the scope of this study to examine in detail the quality of care of mentally disordered prisoners prior to transfer to hospital or to examine to any degree the treatment of those cases who are not transferred and no comments can be made about these matters.

REFERENCES

First Report of General Board of Directors of Prisons in Scotland 1840 London HMSO.

Second Report of General Board of Directors of Prisons in Scotland 1841 London HMSO.

Third Report of General Board of Directors of Prisons in Scotland 1842 London HMSO.

Fourth Report of General Board of Directors of Prisons in Scotland 1843 London HMSO.

Fifth Report of General Board of Directors of Prisons in Scotland 1844 London HMSO.

Sixth Report of General Board of Directors of Prisons in Scotland 1845 London HMSO.

Seventh Report of General Board of Directors of Prisons in Scotland 1846 London HMSO.

Eighth Report of General Board of Directors of Prisons in Scotland 1847 London HMSO.

Tenth Report of General Board of Directors of Prisons in Scotland 1849 London HMSO.

Eleventh Report of General Board of Directors of Prisons in Scotland 1850 Edinburgh HMSO.

Twelfth Report of General Board of Directors of Prisons in Scotland 1851 Edinburgh HMSO.

Thirteenth Report of General Board of Directors of Prisons in Scotland 1852 Edinburgh HMSO.

Fourteenth Report of General Board of Directors of Prisons in Scotland 1853 Edinburgh HMSO.

Fifteenth Report of General Board of Directors of Prisons in Scotland 1854 Edinburgh HMSO.

Seventeenth Report of General Board of Directors of Prisons in Scotland 1856 Edinburgh HMSO.

Twenty-first Report of the General Board of Directors of Prisons in Scotland 1860 Edinburgh HMSO.

Twenty-second Report of the General Board of Directors of Prisons in Scotland 1861 Edinburgh HMSO.

First Annual Report of Managers Appointed under the Prisons (Scotland) Administration Act (1860) 1862 Edinburgh HMSO.

Fifth Annual Report of Managers Appointed under the Prisons (Scotland) Act (1860) 1871 Edinburgh HMSO.

Sixth Annual Report of Managers Appointed under Prisons (Scotland) Act (1860) 1867 Edinburgh HMSO.

Tenth Annual Report of Managers Appointed under the Prisons (Scotland) Act (1860) 1871 Edinburgh HMSO.

Forty-third Annual Report on Prisons in Scotland 1882 Edinburgh HMSO.

Forty-fourth Annual Report on Prisons in Scotland 1883 Edinburgh HMSO.

Fifty-first Annual Report on Prisons in Scotland 1890 Edinburgh HMSO (Cmnd 6120).

Prisons in Scotland Report 1909 Edinburgh HMSO (Cmnd 5164).

Prisons in Scotland Report 1911 Edinburgh HMSO (Cmnd 6190).

Prisons in Scotland Report 1920 Edinburgh HMSO (Cmnd 1255).

Prisons in Scotland Report 1922 Edinburgh HMSO (Cmnd 1597).

Prisons in Scotland Report 1925 Edinburgh HMSO (Cmnd 2689).

Prisons in Scotland Report 1926 Edinburgh HMSO (Cmnd 2873).

Prisons in Scotland Report 1927 Edinburgh HMSO (Cmnd 3092).

Prisons in Scotland Report 1928 Edinburgh HMSO (Cmnd 3309).

Prisons in Scotland Report 1929 Edinburgh HMSO (Cmnd 3353).

Prisons in Scotland Report 1930 Edinburgh HMSO (Cmnd 3866).

Prisons in Scotland Report 1931 Edinburgh HMSO (Cmnd 4063).

Prisons in Scotland Report 1932 Edinburgh HMSO (Cmnd 4336).

Prisons in Scotland Report 1933 Edinburgh HMSO (Cmnd 4561).

Prisons in Scotland Report 1934 Edinburgh HMSO (Cmnd 4839).

Prisons in Scotland Report 1936 Edinburgh HMSO (Cmnd 5125).

Prisons in Scotland Report 1937 Edinburgh HMSO (Cmnd 5409).

Prisons in Scotland Report 1938 Edinburgh HMSO (Cmnd 5710).

Prisons in Scotland Report 1939-48 Edinburgh HMSO (Cmnd 5967).

Prisons in Scotland Report 1949 Edinburgh HMSO (Cmnd 7966).

Prisons in Scotland Report 1950 Edinburgh HMSO (Cmnd 8261).

Prisons in Scotland Report 1951 Edinburgh HMSO (Cmnd 8543).

Prisons in Scotland Report 1952 Edinburgh HMSO (Cmnd 8817).

Prisons in Scotland Report 1953 Edinburgh HMSO (Cmnd 9144).

Prisons in Scotland Report 1954 Edinburgh HMSO (Cmnd 9488).

Prisons in Scotland Report 1955 Edinburgh HMSO (Cmnd 9760).

Prisons in Scotland Report 1956 Edinburgh HMSO (Cmnd 164).

Prisons in Scotland Report 1957 Edinburgh HMSO (Cmnd 429).

Prisons in Scotland Report 1970 Edinburgh HMSO (Cmnd 4809).

Prisons in Scotland Report 1971 Edinburgh HMSO (Cmnd 4999).

Prisons in Scotland Report 1972 Edinburgh HMSO (Cmnd 5349).

Prisons in Scotland Report 1973 Edinburgh HMSO (Cmnd 5735).

Prisons in Scotland Report 1974 Edinburgh HMSO (Cmnd 6350).

Prisons in Scotland Report 1975 Edinburgh HMSO (Cmnd 6546).

Prisons in Scotland Report 1976 Edinburgh HMSO (Cmnd 7162).

Prisons in Scotland Report 1977 Edinburgh HMSO (Cmnd 7391).

Prisons in Scotland Report 1978 Edinburgh HMSO (Cmnd 7749).

Prisons in Scotland Report 1979 Edinburgh HMSO (Cmnd 8037).

Prisons in Scotland Report 1980 Edinburgh HMSO (Cmnd 8421).

First Annual Report of the General Board of Commissioners in Lunacy for Scotland 1859 Edinburgh HMSO.

Fifth Annual Report of the General Board of Commissioners in Lunacy for Scotland 1863 Edinburgh HMSO.

Sixth Annual Report of the General Board of Commissioners in Lunacy for Scotland 1863 Edinburgh HMSO.

Seventh Annual Report of the General Board of Commissioners in Lunacy for Scotland 1865 Edinburgh HMSO.

Twentieth Annual Report of General Board of Commissioners in Lunacy (1878) Edinburgh HMSO.

Report of the Committee on the Scottish Lunacy and Mental Deficiency Law (1946) (The Russell Report) Edinburgh HMSO (Cmnd 6834).

Report of HM Chief Inspector of Prisons for Scotland 1982 Edinburgh HMSO (Cmnd 9035).

Baird J A, (1979), the Case of the Mentally abnormal Offender. Journal of the Law Society of Scotland 25, 169-72.

Bluglass R S, (1966), A Psychiatric Study of Scottish Prisoners MD Thesis, University of St Andrews (unpublished).

Cameron J, Prison and Punishment in Scotland, Edinburgh, Canongate, 1983.

Chiswick D, (1978), Insanity in bar of trial in Scotland: A State Hospital Study. British Journal of Psychiatry 132, 598-601.

Elliott W A, et al, (1979), Compulsory Admission to Hospital. British Journal of Psychiatry 135, 104-14.

Enoch M D and Trethowan W H, Uncommon Psychiatric Syndrome. Bristol, John Wright, 1979.

Fox V, Introduction to Criminology. New Jersey, USA, Prentice Hall 1976.

Gibbens T C N, (1971), Female Offenders British Journal of Hospital Medicine, January 1971, page 61.

Graham, Social Life in Scotland in the Eighteeneth Century (Volume II) Pages 234-5 London, Charles Black 1900.

Green C M, (1981), Matricide by sons. Medicine Science and the Law 21, 207-14.

Gunn J, (1981), Reform of Mental Health Legislation. British Medical Journal 283, 1487-8.

Gunn J, Robertson G, Dell S, Way G, Psychiatric Aspects of Imprisonment. Academic Press, London 1978.

Hay G G, (1983), Feigned psychosis - a review of the simulation of mental illness. British Journal of Psychiatry 143, 8-10.

Henderson D K, The Evolution of Psychiatry in Scotland. Livingstone Edinburgh 1964.

Hinkle L, and Wolff H G, (1956), Communist Interrogation and Indoctrination of Enemies of the State. Archives of Neurology and Psychiatry 76, 115-74.

Macaskill N D and Macaskill A, (1981), The Use of the term "Borderline Patient" by Scottish Psychiatrists: A Preliminary Survey. British Journal of Psychiatry 139, 397-99.

Mawson D, (1983), Psychopaths in Special Hospitals. Bulletin of Royal College of Psychiatrists 7, 178-81.

McGhie J, (1961), The Inadequate Adolescent Soldier. MD Thesis, University of Glasgow (Unpublished).

Robertson G and Gibbens T C N, (1980), Transfers from prisons to local psychiatric hospital under Section 72 of 1959 Mental Health Act. British Medical Journal 280, 1263-6.

Shapiro E R, (1978), The Psychodynamic and developmental psychology of the borderline patient: A review of the literature. American Journal of Psychiatry 135, 1305-15.

Slater E and Roth M, Clinical Psychiatry. London Bailliere Tindall 1977.

Smith R, (1984), Women in Prison. British Medical Journal 288, 630-3.

Thomson J B, (1870), The Psychology of Criminals Journal of Mental Science 16, 321-50.

Willox H N, (1967), Her Majesty's Pleasure in Scotland and other Matters. Management Committee, State Hospital, Carstairs. (Private Publication)

ACKNOWLEDGEMENTS

During the course of this survey I discussed various aspects of the subject with many different people and particular mention must be made of Professor Ian Oswald, Dr R N Herrington and Dr P B Whatmore. At the Prisons Department, Edinburgh, Dr J A Morton and Mr R C Allan gave generously of their time and afforded me access to their records.

The medical records departments of many psychiatric hospitals provided case records for me - often only after they had undertaken a detailed search of their files.

Mr Alex Hosie and Mr Brian Skillen gave me invaluable photographic assistance.

I was allowed access to HM Prison, Perth and the Prison Service College, Polmont, and as a result I was able to obtain information which would not have been available to me from any other source.

Dr P W Kershaw gave me considerable encouragement during some of the more difficult stages of the preparation of the text.

Miss Janice Cochrane provided excellent secretarial help.

To all these individuals and institutions and to the many others not mentioned by name who helped in one way or another I express my sincere gratitude.

To Ann and the boys I owe a very great deal.